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COUNTY BOROUGH OF ROTHERHAM

REPORT

BY THE

MEDICAL OFFICER OF HEALTH

WILLIAM BARR, M.D., D.Sc., D.P.H.

FOR THE YEAR

1950

ROTHERHAM:
HENRY GARNETT & CO. LTD., "ADVERTISER" OFFICE
1952.



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HEALTH COMMITTEE

(as at 31st December, 1950)

HIS WORSHIP THE MAYOR (ALDERMAN C. E. GEARY, J.P.)

Chairman : ALDERMAN A. BUXTON, J.P.

Vice Chairman : COUNCILLOR A. WILDE

ALDERMAN MRS. F. L. GREEN, J.P.

ALDERMAN F. HARPER, J.P.

ALDERMAN F. C. WOFINDEN

COUNCILLOR W. BEEVERS

COUNCILLOR C. DUFFIELD

COUNCILLOR J. FORD

COUNCILLOR F. H. W. GREEN

COUNCILLOR MRS. E. McNICHOLAS

COUNCILLOR J. E. MICKLETHWAIT

COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

COUNCILLOR A. R. SHAYLER

COUNCILLOR A. WALSH

GENERAL PURPOSES SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.

(Chairman)

COUNCILLOR A. WILDE

(Vice Chairman)

ALDERMAN MRS. F. L. GREEN, J.P.

ALDERMAN F. HARPER, J.P.

ALDERMAN F. C. WOFINDEN

COUNCILLOR C. DUFFIELD

COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

COUNCILLOR A. R. SHAYLER

MENTAL HEALTH SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.

(Chairman)

COUNCILLOR A. WILDE

(Vice Chairman)

ALDERMAN MRS. F. L. GREEN, J.P.

COUNCILLOR J. FORD

COUNCILLOR F. H. W. GREEN

COUNCILLOR MRS. E. McNICHOLAS

COUNCILLOR J. E. MICKLETHWAIT

COUNCILLOR A. WALSH

SANITARY SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.

(Chairman)

COUNCILLOR A. WILDE

(Vice Chairman)

ALDERMAN F. HARPER, J.P.

ALDERMAN F. C. WOFINDEN

COUNCILLOR W. BEEVERS

COUNCILLOR C. DUFFIELD

COUNCILLOR A. R. SHAYLER

COUNCILLOR A. WALSH

NURSING SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.
(Chairman)

COUNCILLOR A. WILDE
(Vice Chairman)

COUNCILLOR W. BEEVERS

COUNCILLOR J. FORD

COUNCILLOR F. H. W. GREEN

COUNCILLOR MRS. E. McNICHOLAS

COUNCILLOR J. E. MICKLETHWAIT

COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

Non-corporate members:—

MR. J. H. FLETCHER

MR. F. IRELAND

MRS. F. M. KNIGHT, M.B.E., J.P.

MR. H. NORTH

MISS E. M. RUSHFORTH

MRS. E. SLACK, J.P.

DOMICILIARY SERVICES SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.
(Chairman)

COUNCILLOR A. WILDE
(Vice Chairman)

COUNCILLOR W. BEEVERS

COUNCILLOR J. FORD

COUNCILLOR F. H. W. GREEN

COUNCILLOR MRS. E. McNICHOLAS

COUNCILLOR J. E. MICKLETHWAIT

COUNCILLOR MRS. M. H. MOORHOUSE, J.P.

REPRESENTATIVES ON THE AMBULANCE JOINT SUB-COMMITTEE

ALDERMAN A. BUXTON, J.P.

COUNCILLOR C. DUFFIELD

COUNCILLOR A. WILDE

REPRESENTATIVES ON THE SHEFFIELD, ROTHERHAM AND DISTRICT SMOKE ABATEMENT COMMITTEE

ALDERMAN F. HARPER, J.P.

COUNCILLOR F. DAVIES

STAFF

(as at 31st December, 1950)

MEDICAL OFFICER OF HEALTH AND CHIEF SCHOOL MEDICAL OFFICER:

William Barr, M.D., D.Sc., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND SENIOR SCHOOL MEDICAL OFFICER:

J. A. Gillet, M.B., Ch.B., D.P.H.

ASSISTANT MEDICAL OFFICERS OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICERS:

Mary D. Boyd, M.B., Ch.B.

E. H. Jeanes, M.C., M.B., Ch.B.,
D.P.H.

One vacancy.

SENIOR DENTAL OFFICER:

H. R. Heald, L.D.S.

ASSISTANT DENTAL OFFICERS:

G. W. Lowe, L.D.S.

Two vacancies.

CHIROPODIST (*part time*):

L. Aldam, M.I.S.Ch.

LAY ADMINISTRATIVE OFFICER:

G. E. Westby (1) (5)

SENIOR CLERK:

G. H. Biggin

MEDICAL OFFICER OF HEALTH'S SECRETARY:

Miss J. Caseldine

GENERAL OFFICE:

5 Clerks

SUPERINTENDENT HEALTH VISITOR AND NON-MEDICAL SUPERVISOR OF MIDWIVES:

Miss J. Barraclough (1), S.C.M.

ASSISTANT SUPERINTENDENT HEALTH VISITOR:

Miss E. Patterson (6), S.R.N., R.S.C.N.,
S.C.M.

HEALTH VISITOR/SOCIAL WORKER:

Miss M. J. Casey (6), S.R.N., S.C.M.

HEALTH VISITOR/SCHOOL NURSES:

Miss E. Bates (6), S.R.N., S.C.M.,
S.R.F.N.

Miss D. M. Cutts (6), S.R.N.

Miss I. O. Davison (6), S.R.N., S.C.M.

Miss N. Easton (6), S.R.N., S.C.M.

Mrs. M. M. Knowles (6), S.R.N.,
S.C.M.

Miss C. Lax (6), S.R.N., S.C.M.

Miss L. Osborne (6), S.R.N.

Mrs. A. B. Payling (6), S.R.N., S.C.M.

Miss E. M. Sunderland (6), S.R.N.,
S.R.F.N.

Miss E. G. Taylor (6), S.R.N., S.C.M.

Miss R. Wilmot (Student) S.R.N.

Miss E. M. Stower (Student) S.R.N.,
S.C.M.

5 Health Visitor/School Nurse
vacancies.

CONSULTANT STAFF—part time:

OPHTHALMOLOGY:

W. M. Muirhead, M.B., Ch.B.,
D.O.M.S., R.C.P.S. Eng.

EAR, NOSE AND THROAT:

H. M. Petty, M.B., Ch.B., D.L.O.,
R.C.P.S. Eng.

PSYCHIATRY:

R. Warnecke, M.R.C.S., L.R.C.P.

OBSTETRICS AND GYNAECOLOGY:

D. Ballantine, M.B., Ch.B., F.R.C.S.,
M.R.C.O.G., L.M.

TUBERCULOSIS:

A. C. Morrison, M.D., D.P.H.

ORTHODONTICS:

J. H. Gardiner, B.D.S.

ORTHOPAEDIC REGISTRAR:

E. G. Herzog, M.B., B.S. (Lond.),
M.R.C.S., L.R.C.P.

PUBLIC ANALYST:

H. Childs, B.Sc., F.R.I.C.

SENIOR SANITARY INSPECTOR:

L. Eastwood, M.S.I.A., A.M.Inst. P.C.,
(1), (2), (4), (5).

DEPUTY SENIOR SANITARY INSPECTOR:

T. W. Pearce, M.S.I.A., (1), (2), (5).

SANITARY INSPECTORS:

G. C. Harrison, M.S.I.A., (1)
G. W. Lilley, M.S.I.A., (1)
L. W. Lodge, M.S.I.A., (1), (2)
S. Mastin, M.S.I.A., (1), (2)
E. K. Robinson, M.S.I.A., (1)
T. E. Snape, M.S.I.A., (1), (2)

SMOKE INSPECTOR (By arrangement with the
Sheffield, Rotherham and District Smoke
Abatement Committee):

J. H. Hoare (3)

SANITARY INSPECTORS' SECTION:

2 Clerks
2 Disinfectors
1 Ratcatcher
1 Inspector of Common Lodging
Houses (part time)

HOME NURSING SERVICE:

SUPERINTENDENT:

Miss A. Ratcliffe, S.R.N., S.C.M.

ASSISTANT SUPERINTENDENT:

Miss V. McCarthy, S.R.N., S.C.M.
11 Full time Nurses
14 Part time Nurses

SCHOOL NURSES:

Miss C. H. Crofton, S.R.N., S.C.M.
Miss G. K. Cave, S.R.N., S.C.M.
Mrs. N. Lloyd, S.R.N.
Miss E. M. Borman, S.R.N.
Mrs. E. Rands, S.R.N.

PHYSIOTHERAPIST:

Mrs. S. M. Hibberd, M.C.S.P.

SPEECH THERAPIST:

Miss J. M. Hayward, L.C.S.T.
1 Clinical Assistant

CLINIC NURSES, ETC.:

Mrs. E. A. S. Hoyle, S.R.N., S.C.M.
Mrs. M. Shepherd, R.S.C.N.
2 Clinic Assistants

HOME HELP SERVICE:

ORGANISER:

Mrs. R. E. Wales
2 Clerks

THAMES STREET DAY NURSERY:

MATRON:

Mrs. J. Pearce, S.R.N.

4 Nursery Nurses

2 Nursery Assistants

MATERNITY AND CHILD WELFARE SECTION:

SENIOR CLERK:

Miss N. H. Platts

6 Clerks

SCHOOL HEALTH SECTION:

SENIOR CLERK:

Miss W. M. Cooper

5 Clerks

3 Dental Attendants (1 vacancy)

1 Dental Mechanic

MENTAL HEALTH OFFICER:

Mr. N. Froggatt (1), (2)

ASSISTANT MENTAL HEALTH OFFICER:

Mr. W. Bartholomew

OCCUPATION CENTRE:

SUPERVISOR:

Miss M. Bailey

3 Assistant Supervisors

QUALIFICATIONS:

- (1) Certificate, Royal Sanitary Institute (Sanitary Inspector).
- (2) Certificate, Royal Sanitary Institute (Meat and Other Foods).
- (3) Certificate, Royal Sanitary Institute (Smoke Inspector).
- (4) Testamur, Institute of Public Cleansing (Honours).
- (5) Certificate, Board of Education (Building Construction).
- (6) Certificate, Royal Sanitary Institute (Health Visitor).

HEALTH SERVICES BUREAU:

HEALTH SERVICES INFORMATION OFFICER:

Mr. R. J. Irving, B.E.M., A.C.I.S.

One Clerk

SUPERINTENDENT MIDWIFE:

Mrs. M. J. Walsh, S.R.N., S.C.M.

DEPUTY SUPERINTENDENT MIDWIFE:

Mrs. S. E. Gosling, S.R.N., S.C.M.

DISTRICT MIDWIVES:

Miss E. Atkinson, S.R.N., S.C.M.

Mrs. H. M. Clarke, S.R.N., S.C.M.

Mrs. G. Hewitt, S.R.N., S.C.M.

Mrs. E. Houghton, S.C.M.

Miss E. D. Jeyes, S.C.M.

Mrs. I. McGann, S.R.N., S.C.M.

Mrs. E. Pugh, S.R.N., S.C.M.

Miss K. Ray, S.R.N., S.C.M.

Mrs. P. E. Shreves, S.R.N., S.C.M.

RELIEF MIDWIVES:

Miss G. J. Booker (6), S.R.N., S.C.M.

Mrs. W. A. G. Herrington, S.R.N.,
S.C.M.

HEALTH DEPARTMENT,

MUNICIPAL OFFICES,

ROTHERHAM.

I submit herewith the annual report on the health services of the County Borough of Rotherham for the year 1950.

At the beginning of the year several schemes were in hand, all of which were under continuous review in 1949.

The Occupation Centre for Mental Defectives, which was opened at the end of November 1949, commenced its first full year's work and the details of its growth will be found later in the appropriate section of this report. Following upon an application by the West Riding County Council for permission to send mental defectives from their area to the Rotherham Occupation Centre, which was refused on the grounds of there being only sufficient accommodation for Rotherham cases, the Committee called for a report on the possibility of the provision of an industrial centre for adults and adolescents of both sexes. Provision was later made in the capital estimates programme for such a centre, but owing to financial considerations it was deleted from the schemes approved by the Council for 1951-52.

Owing to the dilapidated condition of the Thames Street Nursery and the high cost of repairs and improvements necessary to continue the life of this wartime temporary building, the Council on financial grounds decided, subject to the consent of the Ministry of Health, to close the nursery. Officers of the Ministry of Health were not in favour of this action as nursery accommodation would still have to be provided by the Health Committee for social cases. This standard of reduced nursery needs was then adopted for the Thames Street Nursery by the exclusion of the industrial cases, and the hours of opening were changed from a day and night nursery to those of a day nursery. In view of the smaller numbers of children then requiring nursery accommodation it was ultimately decided to utilise and convert Ferham Villa (adjacent to Ferham House School and Child Welfare Centre) for the purpose. The house was inspected by officers of the Ministry, who in due course reported favourably on the Council's proposals. Provision for the cost of appropriation of the premises, alterations, and equipment was made in the estimates for the year 1951-52.

The scale of charges for the Home Help Service was reviewed at the end of the financial year and a new scale was eventually put into operation as from 1st May, 1950. Certain extensions to the scheme, including the adoption of a 4/- minimum charge and the night service of sitters in, were made.

An arrangement was agreed early in the year with the Welfare Committee for the medical supervision of children temporarily resident in The Mount.

In order to effect closer co-operation and availability the health visitors and the school nurses were placed on combined duties, and the general apportionment for salary purposes was fixed at two thirds to the Health Committee and one third to the Education Committee.

In the early part of the year the Ministry of Health prescribed the fees to be paid to medical practitioners for sending to the Local Authority records of vaccination and immunisation performed by them. Arrears were paid up to date and a good response in the transmission of these records has since been noted.

The Corporation re-nominated the Chairman of the Health Committee (Alderman A. Buxton, J.P.) to the Rotherham and Mexborough Hospital Management Committee; and Councillors A. Wilde (Vice-Chairman of the Health Committee) and Mrs. M. H. Moorhouse, J.P., were re-nominated to the local Executive Council. These nominations were accepted in due course. At the December meeting of the Health Committee, further nominations were requested for the constitution of certain hospital boards, etc., and Alderman F. C. Wofinden was nominated for the Sheffield Regional Hospital Board; Councillors Ford and Mrs. McNicholas for the Board of Governors of the United Sheffield Hospitals (Teaching Hospital); and Councillor Ford in the place of Councillor A. Wilde as the Corporation's representative to the Sheffield and District Convalescent and Hospital Services Council. The Sheffield Regional Hospital Board also proposed to form six medical co-ordinating committees to cover the main hospital areas in the Region and to be purely advisory in character, and the Corporation nominated the Medical Officer of Health to the particular committee covering the County Borough area.

Early in the year the Corporation instructed the Town Clerk to apply to the Ministry of Health to amend the Ambulance Scheme under Section 27 of the National Health Service Act 1946 in order to cover the newly increased establishment of four firemen in the joint Fire and Ambulance Service. During the year continuing

agreements were made with Sheffield and the West Riding County Council for the interavailability of the ambulance service and agreeing the scale of charges. Replacement of certain vehicles was undertaken during the year and it was decided to standardise them on the Bedford ambulance pattern. In December it was decided to review the use of the service by the hospitals, and the Chairman (Alderman A. Buxton, J.P.), the Director of the Ambulance Service, and the Medical Officer of Health were authorised to confer on this question.

The clinic services were kept under constant review throughout the year. In April, a new child welfare clinic was commenced at the High Greave School on the East Herringthorpe Housing Estate. An additional session per month of the orthopaedic clinic at the Cranworth Road Centre was commenced in April, 1951. Permission was granted in July to the National Blood Transfusion Service to use the Corporation clinics at Cranworth Road and Ferham House out of sessional hours. Little use has, however, been made of this arrangement.

The use of the school premises for child welfare purposes at the High Greave School made it necessary to re-arrange the medical inspection section of the school in order to provide a small consulting room. The cost of the alterations was allocated to the Health Committee, and the Borough Engineer was asked in future to submit all plans of new school premises to this Department for approval of the medical inspection units. It was hoped to incorporate the suggested alterations in the Blackburn and Broom Valley Schools under construction, in which, when ready, child welfare branch clinic sessions will be held.

It was agreed with the Education Committee to allow the dental mechanic at Ferham House dental clinic to assist in the training courses for dental technicians at the College of Technology. This arrangement provided for the practical training to be undertaken in the dental clinic at Ferham House, and the Education Committee provided the additional necessary equipment.

The services of an orthoptist (part-time) were provided towards the end of the year by the Sheffield Regional Hospital Board, and arrangements were made for her to hold special sessions on Tuesday mornings and afternoons at Ferham House in conjunction with the ophthalmic service.

A great deal of time and work was devoted to the introduction of the new byelaws relating to the handling, wrapping, and delivery of food, and the Sanitary Sub-committee met and discussed with the several interested trade organisations the Corporation's requirements in this direction.

The Highways, Sewerage and Water Committee were asked by the Health Committee to formulate a scheme for the provision in the County Borough area of public sanitary conveniences for both sexes. The same committee were also asked to make no charge for the emptying of cesspools in order to encourage the provision of water-closets draining into cesspools and the elimination of privy middens in the non-sewered areas of the borough.

The Parks Committee's attention was also drawn to the urgent need for the provision of public conveniences in Clifton Park

A circular from the Ministry of Health (64/50) drew attention to the condition that no person with respiratory tuberculosis should be engaged in employment involving close contact with organised groups of children until the disease is arrested. This requirement made compulsory the initial medical examination (including X ray of the chest) of all persons so employed and made provision for an annual X ray examination in subsequent years. Authority was given to the department to arrange with the local Hospital Management Committee for the X ray examination of the nursing staffs, both of the Health Committee and of the Children's Committee, and a complete medical survey was subsequently made.

WILLIAM BARR,

Medical Officer of Health.

STATISTICS OF THE AREA

GENERAL STATISTICS

Area (in acres)	...	...	...	...	...	...	...	...	9255
Population (census) 1931: Prior to 1st April, 1936	...	...	...	...	...	...	...	...	69691
As constituted 1st April, 1936	...	...	...	...	...	...	...	...	75223
Population (estimated civilian) 1950	...	...	...	...	...	...	...	...	82800
Number of inhabited houses (1/4/1951)	...	...	...	...	...	...	...	...	23114
Rateable value (1/4/1951)	...	...	...	...	...	...	...	...	£462400
Sum represented by a penny rate (1/4/1951)	...	...	...	...	...	...	...	...	£1830

VITAL STATISTICS

In the following summary extracts from the vital statistics for the year are given:—

Live Births:	Total	Male	Female						
Legitimate	...	1392	702	690	—	Birth rate per 1,000 of the estimated			
Illegitimate	...	53	22	31	—	resident population	...	...	17.44
Stillbirths	...	29	16	11	—	Rate per 1,000 (live and still) births			19.67
Deaths	...	856	477	379	—	Crude death rate per 1,000 of the			
						estimated resident population	...		10.33
						Adjusted death rate per 1,000 of the			
						estimated resident population			
						(comparability figure—1.15)	...		11.88

Deaths from puerperal causes:								Deaths	Rate per 1,000 total (live and still) births
Puerperal sepsis	...	...	...	...	...	...	...	—	—
Other puerperal causes	...	...	...	...	...	...	...	1	0.68
								—	—
Total	...	...	...	...	...	...	...	1	0.68
								—	—

Death rate of infants under one year of age:

All infants per 1,000 live births	...	...	...	...	...	...	...	...	50
Legitimate infants per 1,000 legitimate live births	...	...	...	...	...	...	...	...	49
Illegitimate infants per 1,000 illegitimate live births	...	...	...	...	...	...	...	...	57
Deaths from measles (all ages)	...	...	...	...	...	...	...	...	—
Deaths from whooping cough (all ages)	...	...	...	...	...	...	...	...	—
Deaths from diarrhoea (under 2 years of age)	...	...	...	...	...	...	...	...	8

In the following table the causes of death at different periods of life, as supplied by the Registrar General, are given for the year 1950. The inclusion of this is considered desirable by the Ministry of Health for the purpose of comparison with the figures for other areas, and relates to deaths *registered* in the calendar year, which totalled 856.

Cause of death	MALES									FEMALES									Total
	0-	1-	5-	15-	25-	45-	65-	75-	Total	0-	1-	5-	15-	25-	45-	65-	75-	Total	
Tuberculosis, respiratory	-	1	-	1	6	11	2	-	21	-	-	-	2	3	1	1	-	7	28
Tuberculosis, other ..	-	1	1	-	-	1	-	-	3	-	1	1	-	1	1	-	-	4	7
Syphilitic disease ..	-	-	-	-	-	2	3	-	5	-	-	-	-	-	-	-	-	-	5
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping cough ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infections..	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	1
Acute poliomyelitis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	-	1	1	-	-	-	-	-	2	-	-	1	1	-	-	1	-	3	5
Malignant neoplasm, stomach	-	-	-	-	1	9	4	7	21	-	-	-	-	-	2	4	4	10	31
Malignant neoplasm, lung, bronchus	-	-	-	-	-	5	5	1	11	-	-	-	-	-	4	1	1	6	17
Malignant neoplasm, breast	-	-	-	-	-	-	-	-	-	-	-	-	-	4	6	4	4	18	18
Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	3	7	7
Other malignant and lymphatic neoplasms ..	-	-	-	-	5	12	12	10	39	-	-	-	-	4	12	14	7	37	76
Leukaemia, aleukaemia ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	3	3
Diabetes	-	-	-	-	-	-	1	1	2	-	-	-	-	-	2	-	1	3	5
Vascular lesions of nervous system	-	-	-	-	-	5	20	25	50	-	-	-	-	-	14	12	31	57	107
Coronary disease, angina..	-	-	-	-	5	26	23	10	64	-	-	-	-	-	6	18	6	30	94
Hypertension with heart disease	-	-	-	-	-	2	7	3	12	-	-	-	-	-	1	4	2	7	19
Other heart disease ..	-	-	-	1	3	13	14	25	56	-	-	1	-	7	11	8	26	53	109
Other circulatory disease..	-	-	-	-	1	1	-	5	7	-	-	-	-	1	-	1	7	9	16
Influenza	-	-	-	-	-	1	-	-	1	-	-	-	-	-	1	2	-	3	4
Pneumonia	7	-	-	-	-	2	5	8	22	5	-	-	-	-	1	2	5	13	35
Bronchitis	1	-	-	-	2	13	13	5	34	1	-	-	-	1	1	5	8	16	50
Other diseases of the respiratory system ..	-	-	-	-	1	2	1	-	4	2	-	-	-	-	1	1	-	4	8
Ulcer of stomach and duodenum	-	-	-	-	2	6	2	1	11	-	-	-	-	-	1	-	-	1	12
Gastritis, enteritis and diarrhoea.. ..	6	-	-	-	-	1	-	1	8	2	-	-	-	-	-	-	-	2	10
Nephritis and nephrosis ..	-	-	-	-	1	4	-	2	7	-	-	-	-	1	4	-	-	5	12
Hyperplasia of prostate ..	-	-	-	-	-	1	2	10	13	-	-	-	-	-	-	-	-	-	13
Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
Congenital malformations..	4	-	-	-	-	-	-	-	4	4	1	-	-	-	-	-	-	5	9
Other defined and ill-defined diseases ..	20	-	-	-	4	9	10	18	61	15	-	-	1	2	9	6	32	65	126
Motor vehicle accidents	-	-	2	2	-	2	1	-	7	-	-	-	-	-	-	1	-	1	8
All other accidents ..	2	-	-	1	1	2	-	-	6	2	1	-	-	-	-	2	2	7	13
Suicide	-	-	-	-	1	4	1	-	6	-	-	-	-	-	1	-	-	1	7
Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total—all causes ..	40	3	4	5	33	134	126	132	477	31	4	3	4	26	83	89	139	379	856

The following table shows the birth-rate, death-rate, analysis of mortality, maternal mortality, and case rates for certain infectious diseases in the year 1950 compared with England and Wales as a whole and various other areas.

	England and Wales	126 County Boroughs and Great Towns (including London)	148 Smaller Towns (Resident Population 25,000-50,000 at 1931 Census)	London Administrative County	Rotherham
<i>Births</i>	Rates per 1,000 Home Population				
Live births	15.8	17.6	16.7	17.8	17.6
Still births	0.37	0.45	0.38	0.36	0.35
<i>Deaths</i>					
All Causes	11.6	12.3	11.6	11.8	11.9
Typhoid and paratyphoid ..	0.00	0.00	0.00	0.00	—
Whooping cough	0.01	0.01	0.01	0.01	—
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.36	0.42	0.33	0.39	0.49
Influenza	0.10	0.09	0.10	0.07	0.05
Smallpox	—	—	—	—	—
Acute poliomyelitis (including polioencephalitis)	0.02	0.02	0.02	0.01	—
Pneumonia	0.46	0.49	0.45	0.48	0.49
<i>Notifications (Corrected)</i>					
Typhoid fever	0.00	0.00	0.00	0.01	0.01
Paratyphoid fever	0.01	0.01	0.01	0.01	—
Meningococcal infection ..	0.03	0.03	0.02	0.03	0.02
Scarlet fever	1.50	1.56	1.61	1.23	1.90
Whooping cough	3.60	3.97	3.15	3.21	2.90
Diphtheria	0.02	0.03	0.02	0.03	0.06
Erysipelas	0.17	0.19	0.16	0.17	0.34
Smallpox	0.00	0.00	—	—	—
Measles	8.39	8.76	8.36	6.57	6.38
Pneumonia	0.70	0.77	0.61	0.50	0.87
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.13	0.12	0.11	0.08	0.04
Non-paralytic	0.05	0.05	0.06	0.05	0.02
Food poisoning	0.17	0.16	0.14	0.25	0.08
<i>Deaths</i>					
All causes under 1 year of age	29.8 (a)	33.8	29.4	26.3	49.8
Enteritis and diarrhoea under 2 years of age ..	1.9	2.2	1.6	1.0	5.5
<i>Notifications (Corrected)</i>					
Puerperal fever and pyrexia	5.81	7.43	4.33	6.03	6.80

Maternal Mortality in England and Wales

International List No. and cause	Rates per 1,000 Total (Live and Still) Births	Rates per million women aged 15-44	Rate per 1,000 Total (Live and Still) Births
651. Abortion with sepsis	0.09	7	—
650, 652. Other abortion	0.05	4	0.68 (1 death only)
640-649, 670-678. Complication of pregnancy and delivery	0.54	—	—
681. Sepsis of childbirth and the puerperium	0.03	—	—
680, 682-689. Other complications of the puerperium	0.15	—	—

(a) Per 1,000 related live births.

The area comparability factors for births and deaths are 1.01 and 1.16 respectively. The birth and death rates for Rotherham have accordingly been multiplied by these figures thus adjusting the birth and death rates for the purpose of comparison.

SANITARY CIRCUMSTANCES.

When some aspects of sanitation in a town have lagged behind others it becomes necessary to concentrate on the backward part if some degree of uniformity is to be obtained. During the past three years it has been necessary to pay extra attention to some duties at the expense of others, but a stage is now being reached when a more balanced apportionment can be made.

The improvements achieved in the sanitation of licensed premises, cafes, shops, factories, and public buildings, are matters which, when once dealt with, do not again arise for many years. On the other hand, the annual issue of some hundreds of new licences, the inspection of nearly 1,000 houses annually in connection with corporation lettings, the regular sampling of raw milk to detect tuberculosis, the destruction of rats in sewers, and other similar duties, are additional work which has been absorbed and become routine. The effect of this elimination and absorption is to reduce considerably the arrears of work accumulated from the war years and to allow progress to be made over a wider if less obvious field.

WATER.

32 samples of drinking water and 10 samples of swimming bath water were taken for bacteriological examination. All the samples proved satisfactory.

SANITARY ACCOMMODATION.

(a) HOUSE DRAINAGE.

1,696 visits were made in connection with drain tests, defective drains, and drainage appliances, an average of approximately 5 visits for every working day. This figure underlines the regularity with which drainage problems occur.

Further progress was made in the conversion of outmoded sanitary fittings and in the provision of additional W.C.'s to eliminate sharing of accommodation.

Additional W.C.'s provided	...	...	...	...	11
Trough closets converted to W.C.'s			...	...	6
Privy middens converted to W.C.'s			...	...	3
Ashpits abolished	...	...	...	...	1

(b) LICENSED PREMISES, CINEMAS, THEATRES, RESTAURANTS.

Modern sanitary conveniences have now been provided in most of the public premises, and the peak figures of improvements effected in the years 1948 and 1949 will not again be reached for many years. As this has been a somewhat comprehensive

overhaul, a complete summary of the improvements made is given. Mention should also be made of the co-operation of the brewery companies in carrying out this work under very difficult conditions .

	1948	1949	1950	Total
New urinals provided	11	23	5	39
Urinals repaired	25	15	—	40
Additional W.C.'s provided	10	28	8	46
W.C.'s repaired	19	10	—	29
Additional screening provided	8	7	—	15

(c) PUBLIC AND SCHOOL CONVENIENCES.

The comments made in the 1948 report on public conveniences are still applicable, but very satisfactory progress was made in the modernisation of school conveniences. Trough closets were replaced by W.C.'s in four schools, and the fifth, and last, school where trough closets are in use is to be dealt with during 1951. Additional washbasins, sinks, and hot water supplies were also provided at the four schools mentioned.

It is hoped that it may be possible to carry out further improvements to school conveniences, such as the repair or replacement of insanitary urinals, as the next stage of the modernisation programme.

Trough closets converted to W.C.'s	109
Additional washbasins provided	41
Additional sinks provided	12
Hot water supply provided to basins or sinks	129

FACTORIES.

Factories in Rotherham vary in size from one which takes several days to inspect down to the small factory with only one employee, but a fairly uniform standard has been obtained in the matters within the jurisdiction of the local authority.

Type of factory	Number registered	Inspections	Notices
Non-mechanical	42	42	9
Mechanical	298	301	31

FACTORIES IN WHICH DEFECTS WERE FOUND.

Type of defect	Found	Remedied
Want of cleanliness	5	6
Unreasonable temperature	1	1
Sanitary conveniences insufficient	7	4
Sanitary conveniences unsuitable or defective	25	23
Sanitary conveniences not separate for sexes	—	1
Other offences	3	3

OFFENSIVE TRADES.

No nuisance was caused by the offensive trades in the district. 13 visits were made to the two rag and bone dealers, one gut scraper, and one blood drier. Two tripe boilers were removed from the register, having ceased to carry on the business.

CANAL BOATS.

The following details are required to be sent annually to the Minister of Health.

Number of canal boats inspected	...	...	...	...	...	13
Number of persons on board:—						
Male adults	...	...	...	...	...	25
Female adults	...	...	...	...	...	1
Female children	...	...	...	...	...	1
Number of cases of infectious disease	...	...	...	...	...	Nil
Number of infringements observed	...	...	...	...	...	2
Number of notices served	...	...	...	...	...	Nil
Number of notices complied with	...	...	...	...	...	Nil
Number of notices outstanding	...	...	...	...	...	Nil
Legal proceedings taken	...	...	...	...	...	Nil

The two infringements observed were failure to carry on board certificates of registration. These were produced for inspection at a subsequent visit.

HOUSING.

Demolition orders were made on four insanitary houses, and clearance of the property was effected following rehousing of the tenants. During the present housing shortage it is essential that every house which affords reasonable shelter should be maintained in use. A stage is reached, however, when danger to public health outweighs the need for conservation of houses. The decision as to when this stage has arisen is a difficult one for a local authority to make, and the relief of one serious case is often followed by requests for similar action from tenants who confuse personal discomfort with danger to health.

Further progress was achieved in the housing survey as opportunity occurred. In this connection 2,017 visits were made.

DWELLINGHOUSES.

(a) NUISANCES.

1,065 complaints of nuisances involving 2,922 houses were received during the year.

There appears to be no answer to the shortage of labour, materials, and money required for the maintenance of dwellinghouses. The handyman tenant could, and probably does in many cases, do much to prevent small repairs becoming bigger by putting in the screw or nail that is needed at the beginning, but there seems little prospect of any major improvement in conditions necessary to halt the steady deterioration of tenanted houses.

Proceedings were instituted in respect of six abatement notices which were not complied with, and court orders were made for the specified repairs to be done. In three other instances the Corporation carried out repair work in default and charged costs to the owners.

(b) YARD PAVING.

Following the resolution of the Sanitary Sub-Committee that the presence of air raid shelters should no longer be allowed to delay the repair of defective yard pavings, notices were served concerning all yards already reported. During 1950 the yard paving of 260 houses was renewed or repaired.

HOUSES-LET-IN-LODGINGS.

31 visits were made to 17 houses let in lodgings, one house having ceased to be so used during the year. This type of occupation is decreasing in number, probably due to the fact that there is now a ready sale for all types of property, whereas formerly the large house in a congested area could only be let in this way.

COMMON LODGING HOUSES.

The two common lodging houses in the borough were visited 58 times by the sanitary inspectors and 122 times by the Police. Both lodging houses are well managed, but the Quarry Hill house is in a poor structural condition, and it can only be a matter of time before the owners or keepers decide to cease using the property as a lodging house. The provision of accommodation for the occupants of the lodging house (almost all of whom are permanent residents) will be a problem which might be better faced before it arises.

TENTS, VANS AND SHEDS.

Five new licences to station and use caravans as dwellings were granted during 1950, four licences were renewed, one application for a licence was refused, and one caravan ceased to be used during the year. The principle has been accepted that, although not desirable as permanent dwellings, caravans can for the time being fill a need for temporary accommodation. Licences were granted in all cases where satisfactory sites and structures were assured.

The practicability of developing a municipal caravan site was considered during the year, and the possible worsening of the housing situation may make such a project desirable in the future.

VERMINOUS PREMISES.

In August 1949 the Housing Committee agreed that the houses of all persons granted the tenancy of a corporation house, as well as all corporation houses becoming vacant, should be inspected by this department. 828 houses were inspected under this scheme, and evidence of vermin was found in 67 instances. The scheme has worked satisfactorily and has proved to be of value.

The incidence of infestation in all houses inspected during the year was as follows:—bugs 61 per cent.; cockroaches 25 per cent.; moths, ants, silverfish, crickets, etc., 14 per cent.

	Bugs	Cockroaches	Other pests	Total
Corporation premises treated ...	92	33	35	160
Private premises treated ...	109	50	11	170
	—	—	—	—
	201	83	46	330
	—	—	—	—

AGED AND INFIRM PERSONS.

No applications have been made to a court for orders to remove aged and infirm persons not in receipt of proper care and attention to hospital or The Mount. It appears likely that only in exceptional circumstances will it be necessary to make such applications in future. The difficulty today is not in persuading people to accept institutional care, but in securing admission.

PUBLIC MORTUARY.

The arrangement whereby the mortuary at the Moorgate General Hospital was used as a public mortuary was continued throughout the year and 42 bodies were received there and detained therein for 159 days. The post mortem room was used on 33 occasions. Payment is made to the local Hospital Management Committee on a basis of 5/- per day per body and £1/1/- for each occasion the post mortem room is used.

PHARMACY AND POISONS.

210 licences authorising the sale of poisons included in Part 2 of the Poisons List were issued.

RATS AND MICE DESTRUCTION.

(a) SEWERS.

Two maintenance treatments of the sewers were carried out to the satisfaction of the Ministry of Agriculture and Fisheries. The baits used are varied from time to time and, from the number of "takes" seem to lose none of their attractiveness for the sewer population.

(b) DOMESTIC AND BUSINESS PREMISES

The free rodent destruction service given to all ratepayers continues to produce satisfactory results in that infestations are speedily reported. Wherever possible proofing of premises is being encouraged, and, although the initial cost may in some instances appear high, there is no doubt that this is the most satisfactory method of dealing with rodent infestation in permanent structures. It would be a progressive step if all new and converted food premises were required to be rodent proof before occupation.

Number of visits made	...	...	1423
Rats caught	...	...	2706
Rats poisoned (estimated)	...	...	946
Mice caught	...	...	402
Mice poisoned (estimated)	...	...	2156

FRIED FISH SHOPS.

Although fish frying has ceased to be an offensive trade, fried fish shops are a potential source of nuisance and are regularly visited. 118 inspections were made of the 82 fried fish shops in the district, and conditions were found to be generally satisfactory.

BAKEHOUSES.

75 visits were paid to the 32 bakehouses in the county borough. The baking of bread has reached a high standard of mechanical efficiency, and the human element is usually the cause of complaints concerning bread. In one instance where a piece of string was found in a loaf of bread it was established that an employee, rather than suffer slight delay caused by the mechanical sifting, had tipped the sacks of flour direct into the mixing bowl. Apart from one or two incidents of this type the baking trade has continued to improve manufacturing conditions, and the re-introduction of wrapped bread is a welcome advance in food-handling technique.

RESTAURANTS AND CANTEENS.

48 inspections of restaurants and canteens were made during the year, and conditions were again found to be generally good. The report of the Catering Trade Working Party will be a valuable guide in the framing of rules to secure uniformly satisfactory practice in the preparation of food in catering establishments.

MEAT AND PRESERVED FOOD PREMISES.

These premises are subject to registration under the Rotherham Corporation Acts of 1930 and 1937. 290 inspections were made during the year, and few contraventions of the Food and Drugs Act, 1938, were discovered.

ICE CREAM AND ICE CREAM PREMISES.

There are now only 7 manufacturers of ice cream in Rotherham, but 216 premises are registered for the sale and storage of ice cream. Most of the ice cream now sold is pre-packed, which is an improvement so far as the customer is concerned, but the litter problem which arises during the summer months is an example of public behaviour failing to keep pace with advances designed to protect the public.

The manufacture of "ice lollies" is causing concern in many parts of the country, particularly as there is considerable doubt as to how far the manufacture can be controlled by the local authority. A survey of all premises being used for this purpose is being carried out in the county borough, and where manufacturers are using ingredients other than water and cordial or fruit juices they are being advised that registration of premises will be required, or, alternatively, that the manufacture of "lollies" from milk and other commodities from which ice cream is made must cease.

507 inspections of ice cream premises were made during the year. 36 samples of ice cream were submitted for bacteriological examination with the following results:—

Satisfactory		Unsatisfactory	
Grade 1	Grade 2	Grade 3	Grade 4
15	9	7	5

FOOD PREMISES AND SHOPS.

During the year meetings of the Sanitary Sub-Committee and various organisations representing food traders were held to discuss the Model Byelaws issued by the Ministry of Food and their effect on different food trades. The desire of all interested parties to improve methods of food handling was apparent, and, as a result of the meetings, it is hoped that the Food Byelaws will be put into force smoothly and efficiently.

The following improvements were carried out in food premises and shops:—

Additional W.C.'s provided	...	...	3
Additional washbasins provided	...	...	6
Additional sinks provided	...	...	1
Hot water geysers provided	...	...	10
Premises repaired or cleansed	...	...	37

SHELLFISH.

As a result of the action taken in 1949 all consignments of mussels examined during the year were from clean layings or had been subjected to an approved cleansing process. The only objection which has been met with concerning the change to "clean" mussels is that they are not quite so plump as those living on the richer, if less suitable, diet to be found in polluted layings.

MILK.

(a) SPECIAL DESIGNATIONS.

Licences to sell designated milk were issued to 126 dealers during the year. There has been an increase in the amount of designated milk sold, and a corresponding reduction in the amount of untreated milk consumed. More people are drinking pasteurised or sterilised milk, and the housewife's insistence on a good "cream line," which used to be her test for good milk, seems to have been forgotten.

(b) BACTERIOLOGICAL EXAMINATION.

175 samples of milk were taken for bacteriological examination with the following results:—

Class of milk				Samples tested	Passed	Failed
Tuberculin tested	...	...	...	27	17	10
Tuberculin tested (pasteurised)	...	...	...	27	27	—
Pasteurised	...	...	...	33	33	—
Accredited	...	...	...	9	4	5
Sterilised	...	...	...	27	27	—
Undesignated	...	...	...	52	37	15

(c) BIOLOGICAL EXAMINATION.

Arrangements were made in December, 1949, with the Public Health Laboratory at Sheffield, for samples of milk to be submitted for biological examination every two months. Of 63 samples sent since that date, 6 were tuberculous. When a sample is notified as tuberculous, arrangements are made for the milk from the affected herd to be heat treated until the Divisional Veterinary Officer states that the herd is free from infection.

When it is considered that 10 per cent. of the samples examined proved to be tuberculous, and that 38 per cent. of the cows inspected at the abattoir were tubercular in some degree, there can be little doubt that the future policy of pasteurisation or sterilisation of all milk other than that from tuberculin tested herds is the correct one.

MEAT.

The following details of animals slaughtered at the public abattoir have been supplied by the Markets Superintendent:—

Cattle	Calves	Sheep	Pigs	Total
7989	1941	21891	1760	33581

In addition, 51 pigs were slaughtered on private premises for home consumption; and the carcasses of 1 cow, 11 sheep, and 42 pigs, brought to the abattoir after slaughter, were inspected.

The total estimated weight of fresh-killed meat and offals condemned during the years was:—

All causes	...	...	...	...	100 tons	19 cwts.
Tuberculosis only	...	...	...	...	42 tons	3 cwts.

The percentage of animals found to be diseased is given in the following table:—

		Cattle				
		Excluding cows	Cows	Calves	Sheep	Pigs
Number inspected	...	5769	2221	1941	21902	1853
All diseases except tuberculosis:						
Whole carcasses condemned	...	3	43	163	79	11
Carcasses of which some part or organ was condemned	...	2198	509	6	704	368
Percentage affected	...	38.1	24.8	8.7	3.6	20.5
Tuberculosis only:						
Whole carcasses condemned	...	7	79	8	—	3
Carcasses of which some part or organ was condemned	...	667	767	9	—	49
Percentage affected	...	11.7	38.1	0.8	—	2.8

OTHER FOOD.

In the following table details are given of food other than fresh killed meat condemned or surrendered or returned for salvage during the year:—

				Number	lbs.					Number	lbs.
Almonds	...	...	...	—	3080	Fish	...	...	...	—	623
Bacon	...	...	...	—	126	Fruit and vegetables	...	...	...	—	3847
Biscuits	...	...	...	—	12	Fruit (dried)	...	...	...	—	82
Bottled goods	...	...	...	55	—	Meat (prepared)	...	...	...	—	1873
Bread loaves	...	...	...	15446	—	Meat pies	...	...	...	96	—
Bread rolls	...	...	...	2880	—	Packet goods	...	...	...	168	—
Cereals	...	...	...	—	117	Poultry	...	...	...	—	129
Cakes, buns, etc.	...	...	...	4850	—	Rabbits	...	...	...	109	—
Cheese	...	...	...	—	63	Shellfish	...	...	...	—	140
Eggs	...	...	...	147	—	Sugar	...	...	...	—	80
Fats	...	...	...	—	119	Tinned goods	...	...	...	3278	—

SAMPLING OF FOOD AND DRUGS.

169 samples of food and drugs were submitted to the Public Analyst for examination. 9 samples were reported to be not genuine. Details of all samples taken are given in the following table: —

No.	Nature of samples	Genuine		Not reported as genuine	
		Formal	Informal	Formal	Informal
4	Coffee	—	4	—	—
1	Cough lozenges	—	1	—	—
1	Dried mint	—	1	—	—
3	Dessicated coconut	—	3	—	—
1	Gelatine	—	1	—	—
1	Gelatine dessert	—	1	—	—
4	Glycerine	—	4	—	—
1	Ground rice	—	1	—	—
1	Ground cashew nut	—	1	—	—
5	Ground almonds	—	5	—	—
2	Haslet	—	2	—	—
1	Jelly crystals	—	1	—	—
97	Milk	91	—	5	1
2	Mincemeat	—	2	—	—
5	Potted meat	—	4	—	1
1	Pepper flavoured com- pound	—	1	—	—
3	Rice	—	3	—	—
24	Sausage	—	24	—	—
1	Spaghetti and sausage	—	1	—	—
5	Shredded suet	—	5	—	—
2	Table jelly	—	2	—	—
1	Tomato juice	—	1	—	—
1	Tomato ketchup	—	1	—	—
2	Tomatoes (bottled)	—	—	—	2
169		91	69	5	4

SAMPLES REPORTED AS “NOT GENUINE.”

No.	Article	Report and action taken
4236	Milk	Slightly deficient in milk fat. No action taken in view of small deficiency.
4249)	Milk	8 per cent. deficient in milk fat. Deficiency appeared to be due to unequal
4254)		periods between milking. Producer warned.
4304	Milk	Deficient in milk fat 8 per cent. “Place of delivery” sample proved genuine. Vendor warned regarding careful mixing of milk during bottling operation.
4315	Potted meat	Potted meat paste sold as potted meat. Referred to Food Executive Officer.
4325)	Milk	Slightly deficient in milk fat. No action taken in view of small deficiency.
4333)		
4353)	Bottled	Contained a high proportion of copper. Producer advised and stock with-
4354)	tomatoes	drawn from sale.

SUMMARY OF SANITARY INSPECTORS' VISITS AND NOTICES SERVED DURING 1950.

Water supply	130	Visits re disinfection	228
Drainage	1515	Miscellaneous infectious disease visits	38
Stables and piggeries	40	Meat inspection visits	130
Offensive trades	13	Butchers	161
Fried fish shops	118	Fishmongers and poulterers ...	70
Common lodging houses	58	Grocers	147
Houses let in lodgings	31	Greengrocers and fruiterers ...	27
Tents, vans and sheds	30	Dairies and milkshops	215
Factories, power	301	Ice cream premises	507
Factories, non-power	42	Food preparing premises	129
Bakehouses	75	Market stalls	3
Theatres and places of entertain- ment	5	Restaurants	48
Refuse collection	2	Street vendors and hawkers carts	12
Interviews	1108	Sweet shops	26
Rats and mice	195	Milk—bacteriological	169
Shops	283	Milk—tubercle bacilli	54
Miscellaneous sanitary visits ...	2486	Food and drug samples	170
Drain tests	181	Fertilisers and feeding stuffs ...	13
Canal boats	13	Miscellaneous food visits	547
Pharmacy and poisons	95	Ice cream samples	36
Hairdressers	29	No. of informal notices served ...	1710
Matters referred other Depts. ...	288	No. of informal notices complied with	1850
Licensed premises	15	No. of statutory notices served ...	230
Public Health Act visits to houses	6532	No. of statutory notices complied with	279
Overcrowding — No. of visits to houses	30	Total nuisances found	2713
Verminous premises — visits ...	617	Total nuisances abated	2734
Miscellaneous housing visits ...	2017	Applications to court for orders in respect of houses	6
Inquiries in cases of infectious disease	202		

INFECTIOUS DISEASES AND TUBERCULOSIS

The prevalence of the infectious diseases notifiable in the county borough is shown in the following table:

Disease	1946	1947	1948	1949	1950
Acute encephalitis—Infective	—	1	—	—	1
Post-infectious					—
Acute poliomyelitis—Paralytic	1	7	3	12	3
Non-paralytic					1
Cerebro-spinal meningitis	2	4	4	1	x
Diphtheria	33	8	7	28	5
Dysentery	22	33	24	1	35
Encephalitis lethargica	—	—	—	—	—
Erysipelas	29	14	35	26	28
Malaria	3	1	—	—	—
Measles	260	994	1638	855	525
Meningococcal infection	x	x	x	x	2
Ophthalmia neonatorum	7	12	2	—	6
Pemphigus neonatorum	3	4	—	—	—
Pneumonia	79	77	76	122	72
Puerperal pyrexia	11	7	13	13	10
Relapsing fever	—	—	—	—	—
Scarlet fever	128	66	105	227	157
Smallpox	—	—	—	—	—
Typhoid and paratyphoid fevers	1	—	—	—	1
Typhus fever	—	—	—	—	—
Whooping cough	222	273	358	96	240
Tuberculosis—respiratory	38	55	42	38	63
other forms	6	9	9	12	5
Food poisoning	—	—	—	—	7
Totals	845	1565	2316	1331	1161

The Public Health (Acute Poliomyelitis, Acute Encephalitis, and Meningococcal Infection) Regulations 1949 came into operation on 1st January 1950 and the changed descriptions introduced standard classifications which in the case of acute encephalitis slightly extended the scope of clinical conditions notifiable.

Notifiable disease	No. of cases notified												Total cases notified in each ward of the borough										Total cases removed to hospital	Total deaths																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	At ages—years												Clifton	East	Greasbrough	Kimberworth	Masbro'	North	St. Ann's	South	Thornhill	West																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	At all ages	Under 1 year	1 to 2 years	2 to 3 years	3 to 4 years	4 to 5 years	5 to 10 years	10 to 15 years	15 to 20 years	20 to 35 years	35 to 45 years	45 to 65 years													65 years and over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Acute encephalitis—infective ..	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

During the year 119 cases of infectious disease were notified from or removed to hospitals in the district, and the following table gives the distribution:—

	Infectious Diseases Hospitals			Other Hospitals					Total
	Lodge Moor, Sheffield	Wath Wood, Nr. Rotherham	Swallownest, Nr. Rotherham	Moorgate General Hospital	Rotherham Hospital	Royal Infirmary, Sheffield	City General Hospital, Sheffield	Children's Hospital, Sheffield	
Acute encephalitis	1	—	—	—	—	—	—	—	1
Acute poliomyelitis	3	—	—	—	—	1	—	—	4
Diphtheria	2	1	2	—	—	—	—	—	5
Dysentery	1	2	—	5	—	—	—	—	8
Erysipelas	—	1	—	—	—	—	—	—	1
Measles	1	1	—	—	—	—	1	1	4
Meningeal infection	—	—	—	1	1	—	—	—	2
Ophthalmia neonatorum	—	—	—	3	—	—	—	—	3
Pneumonia	2	—	—	3	—	—	—	—	5
Puerperal pyrexia	—	—	—	9	—	—	—	—	9
Scarlet fever	1	35	36	—	—	—	—	—	72
Typhoid fever	1	—	—	—	—	—	—	—	1
Whooping cough	—	1	—	1	—	—	—	—	2
Food poisoning	—	—	—	2	—	—	—	—	2
Totals	12	41	38	24	1	1	1	1	119

In addition to these cases, 20 patients were admitted for observation who were ultimately diagnosed as not suffering from infectious disease. These patients were as follows:—

Admitted for observation for	Lodge Moor, Sheffield	Wath Wood, Nr. Rotherham	Badsley Moor Lane, Rotherham	Kendray Hospital, Barnsley	Moorgate General Hospital	Rotherham Hospital	Total
Acute poliomyelitis	5	—	1	1	—	—	7
Diphtheria	2	5	—	—	—	—	7
Dysentery	—	—	—	—	1	1	2
Meningococcal infection	1	—	—	1	—	—	2
Scarlet fever	1	—	—	—	—	—	1
Food poisoning	—	—	—	—	1	—	1
	9	5	1	2	2	1	20

In amplification of these tables the following observations are made on the principal notifiable diseases : —

SCARLET FEVER.

157 cases of this disease were confirmed, of whom 72 received treatment in hospital and the remaining 85 were treated at home. One case was admitted for observation to hospital and subsequently diagnosed as suffering from a teething rash.

No deaths have occurred from this disease in Rotherham since 1937.

DIPHTHERIA.

Twelve patients were admitted to hospital for observation or treatment for this disease and in 7 of these the diagnosis was not confirmed, thus leaving 5 accepted cases. This figure surpasses the 1948 previously lowest number of cases (8) notified in any year in Rotherham since notification commenced and with the continued absence of any fatal case since 1945 gives excellent proof of the value of immunisation against this disease. The tremendous reduction, both in cases reported and deaths occurring, which has come about since active measures for immunisation commenced early in the war years confirms that immunisation is one of the most important public health preventive measures of the century.

The cases not accepted as suffering from diphtheria were diagnosed as follows : — Tonsillitis 2, sore throat 1, nasal discharge 1, diphtheria carrier 1, and N.A.D. 2.

MEASLES.

525 cases were reported during the year. Of these 58 were notified in November and 389 in December. This was the commencement of a cycle, with its peak in January 1951, which continued until May of that year.

Four cases were admitted to hospital. No deaths occurred from this disease during the year.

ACUTE POLIOMYELITIS, ETC.

Four cases were reported during the year, three of which (2 paralytic and 1 non-paralytic) were treated in hospital, whilst the fourth case (paralytic) remained at home. The case of acute encephalitis was classified as non-paralytic.

Seven other patients were admitted to hospital as suffering from this disease, but were diagnosed subsequently as (1) dysentery, (2) typhoid fever, (3) erythema, (4) pneumonia, (5) neuritis, (6) tuberculous meningitis, and (7) N.A.D.

TYPHOID FEVER.

One case of this disease was reported during the year, having been primarily admitted to hospital for observation as one of acute poliomyelitis.

DYSENTERY.

35 cases of this disease were notified during the year and of these eight were removed to hospital, where one died. Two other patients were admitted to hospital but were subsequently diagnosed as not suffering from the disease.

MENINGOCOCCAL INFECTIONS.

Two cases of these infections were confirmed and were treated in hospital, one dying subsequently from meningococcal meningitis. Two other cases were admitted to hospital for observation but the diagnosis was not confirmed, one case being diagnosed as pneumonia and the other as bilateral otorrhoea.

WHOOPING COUGH.

240 cases of this disease were notified during the year and of these two cases were treated in hospital. No deaths occurred from this disease.

OPHTHALMIA NEONATORUM.

Six cases were notified during the year. Three cases occurred in domiciliary confinements and three in institutional confinements. In all six cases, following treatment, the vision was unimpaired.

PUERPERAL PYREXIA.

Ten cases were notified during the year, of which nine occurred in institutional confinements and the remaining one in a domiciliary confinement. No deaths occurred.

TUBERCULOSIS

NEW CASES AND MORTALITY DURING 1950

NOTIFICATIONS AND DEATHS.—The following table gives details of the number of primary notifications received during the year:—

Pulmonary		Non-pulmonary		Total
Males	Females	Males	Females	
36	27	1	4	68

In addition, the following cases were brought to notice other than by formal notification:—

	Pulmonary	Non-pulmonary
Death returns from local registrars	1	2
Transferable deaths from Registrar General	1	—
Posthumous notifications	1	1
Transfers from other areas (other than transferable deaths)	7	2

Particulars of new cases of tuberculosis and of deaths from the disease are given in the following table:—

Age periods Years	New cases*				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ..	1	—	—	—	—	—	—	—
1-5	—	2	1	2	—	—	1	1
5-10	1	2	1	—	—	—	—	1
10-15	1	2	—	—	—	—	1	—
15-20	4	4	—	—	1	1	—	—
20-25	4	3	—	1	—	1	—	—
25-35	7	10	—	1	2	2	—	—
35-45	9	3	—	1	2	1	1	1
45-55	4	5	—	—	9	1	—	1
55-65	10	—	1	1	3	—	1	—
65 and upwards ..	—	1	1	—	3	1	—	—
Totals ..	41	32	4	6	20	7	4	4

*Primary notifications, including other new cases which have come to the knowledge of the Medical Officer of Health during the year.

A review of the deaths which occurred during 1950 amongst notified cases of tuberculosis shows the following periods elapsed between notification and death:—

Notification						Pulmonary	Non-pulmonary
After death .. ..	..	..	..	..	..	1	1
Within 1 month .. ..	..	..	..	..	..	2	1
1-3 months .. ..	..	..	..	..	..	1	—
4-6 months .. ..	..	..	..	..	..	2	1
7-12 months .. ..	..	..	..	..	..	1	—
1-2 years .. ..	..	..	..	..	..	6	—
2-3 years .. ..	..	..	..	..	..	3	1
3-4 years .. ..	..	..	..	..	..	1	—
4-5 years .. ..	..	..	..	..	..	—	—
Over 5 years .. ..	..	..	..	..	..	6	2
From death returns .. ..	..	..	..	..	..	4	2
Total number of deaths from tuberculosis ..						27	8
Causes other than tuberculosis						3	—

The ratio of non-notified tuberculous deaths to the total tuberculous deaths was 1 in 5.9. No action was required for cases of wilful neglect or refusal to notify.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.—There was no occasion to take action under the above Regulations relating to tuberculous employees in the milk trade.

PUBLIC HEALTH ACT, 1936: SECTION 172. — No action was taken under this Section dealing with the compulsory removal of cases of tuberculosis to hospital.

TUBERCULOSIS CARE COMMITTEE

The work undertaken throughout the year by this Committee is very closely interwoven with the official work of the Health Department. The constitution of the Committee, with His Worship the Mayor as President and comprising all the members of the Health Committee together with representatives of other local organisations, remained unaltered during the year.

In January, by the death of Mr. W. Maclagan, the Committee lost one of its oldest members, who had represented the Rotherham District Nursing Association (and latterly its Benevolent Association) since the commencement of the Committee over twenty years ago. About the same time, the Committee also lost its immediate Past President through the death of Mr. C. Bosworth. Letters of condolence were sent to the relatives.

The medical officers to the Care Committee are the Medical Officer of Health and Dr. A. C. Morrison, the Consultant Chest Physician, who, by arrangement with the Sheffield Regional Hospital Board, is enabled to act in this capacity. In his capacity as Medical Superintendent of Oakwood Hall Sanatorium and in his work at the Chest Clinic he is directly in touch with the patients. All grants by the Committee are made on his recommendation and in cases of urgency he is empowered to make grants as necessary, reporting his action to the next meeting of the Committee.

At the request of the National Association for the Prevention of Tuberculosis, the Committee's financial year was altered so as to end on 31st March, 1951, and the figures now given relate to the fifteen months ending on that date

This action was necessary in order to bring the whole of the receipts from the Christmas Seal Sale into one year's accounts, so as to show the true picture of the account. Previously any receipts after 1st January were credited to the next year's Seal Sale. The sum of £200 1s. 11d. was received from the sale of seals and donations against an expenditure of £7 15s. 8d. for postages, printing, stationery, etc., leaving a balance of £192 6s. 3d. A donation of £10 0s. 0d. was sent to the N.A.P.T. and the balance was paid into the local fund. This effort, with interest from invested funds, produced sufficient income for the Committee to pay its way.

The Car Parks Scheme operated by the Committee, whereby ex-sanatorium patients are provided with a period of light employment following their discharge, was continued throughout the year. Employment is provided for five men who work a 44 hour week at the Committee's two car parks. Two changes in personnel occurred, both men being subsequently referred to the Ministry of Labour for employment at the Remploy factory. The receipts during the period amounted to £1,114 5s. 11d. The expenditure included the sum of £1,151 2s. 4d. for wages and N.I.C., rent and rates £45 0s. 0d., electricity £32 2s. 8d., uniform overcoats and macintoshes £34 17s. 1d., cycle rack £30 8s. 6d., and printing and stationery £8 0s. 4d., making a total expenditure of £1,301 10s. 11d. The deficiency on the fifteen months working was £187 5s. 0d. Such schemes of employment cannot express their value in a balance sheet for the good they do. The attendants are paid at the J.I.C. rate per hour received by Corporation watchmen. Full co-operation has been maintained with the Rehabilitation Officer of the Ministry of Labour and National Service.

Grants of clothing, bedding and extra nourishment amounted to £49 18s. 1d. and the cost of the services of a night help was provided for two nights a week during a period when both husband and wife were ill. The Committee continued their grant of £3 0s. 0d. per month to the Medical Superintendent of the Oakwood Hall Sanatorium for the provision of prizes, etc., at the patients' whist drives and concerts held at the Sanatorium. A grant of £25 0s. 0d. was also given towards the provision of extras to the patients at Christmas time. In like manner, those patients granted Christmas leave from the Sanatorium, were included in the Committee's scheme of grants whereby those receiving treatment or in receipt of assistance from the Committee were made cash grants up to a maximum of £2 0s. 0d. each. In all, 61 patients were assisted at a cost of £109 10s. 0d.

In the rehousing of patients, the Corporation accept the recommendations of the Tuberculosis Officer and place at his disposal twelve houses for allocation to families who are living in households with one or more persons suffering from active tuberculosis. The points scheme of letting is not operated in such cases and the Corporation's resolution is renewed as and when necessary. This allocation of houses usually lasts for about twelve months.

CARE OF MOTHERS AND YOUNG CHILDREN.

CHILD WELFARE CENTRES

The number of centres has been increased to 7 by the opening of a branch centre at the new High Greave School on the periphery of the Borough. A weekly session is held here, with a doctor in attendance twice per month

The only districts remote from a centre now are the Broom and Herringthorpe areas, and the proposal to establish a branch centre in the new Broom Valley School next year should meet the needs of these areas.

The opening of new centres does not expand the all-over practice of the centres, but it does make things easier for mothers attending since it reduces the distance they have to travel and cuts down their waiting time.

A comparison of the number of pre-school children who have attended the centres over the years is indicated as follows:—

Year	Total children attending				Year	Total children attending			
1938	3588	1945	...	...	...	2907
1939	3263	1946	...	...	...	2973
1940	3077	1947	...	...	...	3104
1941	3346	1948	...	...	...	3341
1942	2984	1949	...	...	...	2908
1943	3657	1950	...	...	...	2778
1944	3282					

The estimated pre-school population of Rotherham is 7,908 therefore only 35.1 per cent. of these children attended centres during 1950.

The following joint report indicates the usage of the several centres:—

Centre	Sessions held	New registrations		Total children attending		Total attendances		Medical consultations	
		Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.
Ferham House ...	99	249	37	381	355	2188	1219	833	593
Cranworth Road ...	121	321	75	533	489	2820	1814	912	781
Thorpe ...	48	46	—	76	55	518	184	131	71
Greasbrough ...	40	62	9	99	90	528	279	231	129
Canklow ...	48	130	25	219	171	1072	569	541	308
Blackburn ...	52	30	3	56	62	297	226	88	86
High Greave ...	36	90	13	94*	55*	870	257	168	76
Nursery ...	21	1	8	3*	40*	20	433	20	433
Total	465	929	170	1461	1317	8313	4981	2924	2477

(* Not already registered at other centres).

All treatment schemes available to school children in the School Health Service are equally available to pre-school children. Such include:—

Vaccination and immunisation.	Orthopaedic treatment.	Child guidance.
Dental treatment.	Chiropody.	Treatment of minor ailments.
Ophthalmic treatment.	Physiotherapy.	
Aural treatment.	Ionisation.	
	Speech therapy.	

(The attendance of children for these forms of treatment are not included in the foregoing analysis of centre attendances, which refers solely to child welfare sessions).

Rationalisation of the nursing staff has been achieved during the year and health visitors are now only used in the centres for interviewing the mothers or for health teaching.

Clinic assistants prepare the clinics and undertake weighing; clerks perform registration and the filing of records, also the selling of foods and dietary supplements; and clinic nurses are used to assist the presiding doctor and to perform treatment of minor ailments.

It is considered that the primary duty of health visitors is home visiting, and in future planning, with a general practitioner service available throughout the community, it may be that there is less need for child welfare centres than was the case when they were originally established.

This fact may be more clearly demonstrated as the staffing of the general practitioner service improves, and, in the interests of national economy, the trends in the needs for, and the usage of, the child welfare centres should be closely observed, and measures of modification adopted as the overall national health scheme expands.

To think in terms of the local health authority's function and to disregard that of the executive council seems to create competition rather than co-operation.

It is to be regretted that the health centres, in which both services would have had a common meeting ground and would ultimately have been welded as one service to the community, have failed to materialise.

HEALTH EDUCATION.

During the year the health visitors continued their contribution to health education by

- (1) Displays in the clinics on various health topics, changing monthly and co-operating with the Health Services Bureau.
- (2) Mothercraft classes, held weekly at Cranworth Road and Ferham House ante-natal clinics, in conjunction with ante-natal exercise classes.

All mothers expecting their first baby are invited to attend these mothercraft classes, including those who have booked at a hospital or a maternity home, as well as those who have engaged a midwife.

In addition, all general practitioners were asked to co-operate by allowing their cases to attend, and the response was very gratifying.

The Mothers Club continued to meet every week at Ferham House and was about 24 members strong.

Health visitors and school nurses take it in turn to organise the meetings. A speaker on a special topic is invited each month, and programmes include debates and discussions on such things as recipes, shopping (the best buy of the week) and other matters of general interest; and needlework and knitting are encouraged.

During the year an evening outing to Derbyshire was arranged, fathers being invited and sitters in provided; and a children's party was held at Christmas.

A parentcraft competition was held in November 1950. There were 60 entries in all classes—sewing, knitting, thrift, toys, and household gadgets; and the standard of work was excellent. Three prizes were awarded in each class.

Lectures to nursery students were given weekly in collaboration with the Rotherham Education Department and the West Riding Authority at Ferham House for candidates being prepared for Part “B” of the Nursery Nurses Examination Board Certificate.

Lectures to outside organisations were given by health visitors on several occasions during the year.

DENTAL TREATMENT

Routine inspection of expectant mothers and dental treatment is available at the local authority's clinics for all the “priority classes.” As previously pointed out it is not found advisable for the treatment of the maternity and child welfare patients to be carried out at separate sessions and these patients are treated along with school children at either of the clinics throughout the week. The routine inspections of expectant mothers are done at the time of their first visit to an ante-natal clinic and indeed urgent treatment is also carried out if convenient to the patient. These inspections are done as extras to the ordinary agenda for the session, since it was found that the numbers referred did not justify a dental officer devoting a complete session to inspection of between two and twelve patients only. Similarly, a dentist does not now spend a complete afternoon at Thorpe or Greasbrough branch clinics on the off-chance of a patient making her first visit to the ante-natal centre and such people are sent an appointment for one of the town clinics after being referred by the ante-natal doctor.

The introductory card for distribution to children of two years old has very regrettably had to be allowed to lapse because of the shortage of dentists, and treatment of this group of children has reverted mainly to the extraction of aching teeth. If the ill effects upon the permanent set of teeth resulting from the loss at this early age of the milk teeth were appreciated, surely some more practicable steps would be taken to rectify the present arrangements. Much of the orthodontic treatment in later school life would be prevented by adequate care of the first set of teeth. Truly of preventive dentistry it may be said that “a stitch in time saves nine” but below a certain dentist to clientele ratio it is impossible to keep pace with the disease that occurs, let alone do much to prevent it occurring.

The details of work done during the year are shown in the following tables: —

(a) NUMBERS PROVIDED WITH DENTAL CARE:

	Expectant and Nursing Mothers	Children under five
Inspected	422	319
Referred for treatment	375	319
Actually treated	230	319
Made dentally fit	196	319

(b) FORMS OF DENTAL TREATMENT PROVIDED:

	Expectant and Nursing Mothers	Children under five
Extractions	592	535
Anaesthetics—Local	25	2
General	185	327
Fillings	69	43
Scalings or scaling and gum treatment	89	—
Silver nitrate treatment	—	—
Dressings	21	—
X-rays	2	—
*Dentures—Full	85	—
Partial	90	—

* For the purposes of this table a full denture is taken to mean either a full upper or a full lower so that a patient with a full upper and full lower is counted as 2 full dentures. A patient with a full upper and partial lower denture is counted as 1 in each column.

Actually 111 patients were provided with dentures as follows: —

Full upper and full lower 35	Part upper and part lower 20
Full upper and part lower 9	Part upper or part lower 1—4 teeth 10
Full upper or full lower 6	Part upper or part lower 5—12 teeth 31

PREMATURITY AND INFANT MORTALITY.

The infant mortality rate of 1949 was 53 per 1,000 live births; actual infant deaths totalled 81. An analysis of the causes of these deaths shewed that over one-third was attributable to prematurity at birth.

During early 1950, this problem was considered and it was determined that: —

- (1) The adjustment of the prematurely born child to the conditions in which it is to be reared (physical, nutritional, and environmental) is the sole factor in determining its survival.

- (2) That this adjustment has to be accomplished in the early weeks after birth.
- (3) That care in hospital may establish a nutritional adjustment—a child may reach 5½ lbs. in weight—but this is only part of the adjustment required for survival.
- (4) That the discharge of such weakly born children directly from the skilled care of hospital staffs to the care of inexperienced mothers—perhaps apprehensive and anxious in handling a delicate child—is to leave the major task of adjustment in the hands of the uninitiated.
- (5) That an interim measure of skilled care in supervising the mother's handling of her child during the first weeks after discharge from hospital appears necessary. The mother should be taught, in her own home, and with the apparatus she is able to afford, how to care for the child.

To this end the Health Committee recommended that a nurse, within the existing establishment, be seconded to this work amongst prematurely born infants. A registered sick children's nurse commenced duty on the 31st July and spent the first two weeks at the premature baby unit of Moorgate General Hospital, making contacts and adjusting her techniques to those in practice within the hospital. All the general practitioners within the area were notified of her appointment.

Masks and Belcroy feeders are provided for the use of mothers when handling the baby; otherwise apparatus is improvised.

The nurse is in daily contact with local maternity departments and commences her follow-up visits the day the baby is discharged from hospital.

She conducts a weekly weighing session of the babies in their own homes.

She also takes over from the domiciliary midwife any baby needing concentrated after-care.

The nurse has been well received and in only one instance so far has the full co-operation of the mother been lacking.

The extent of her work is indicated as follows:—

Total number of infants taken into care	...	39	
Total infants discharged adjusted	...	28	
Infants transferred to hospital	...	2	
Infant deaths during care	...	1	(after transfer to hospital)
Total infants in care at end of year	...	9	
Total visits paid	...	552	

INFANTILE MORTALITY.

The following table gives the details concerning infantile mortality :—

CAUSE OF DEATH				Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total deaths under one year
All causes : certified				27	5	6	-	38	13	15	4	1	71
uncertified				-	-	-	-	-	-	-	-	-	-
Small-pox				-	-	-	-	-	-	-	-	-	-
Chicken-pox				-	-	-	-	-	-	-	-	-	-
Measles				-	-	-	-	-	-	-	-	-	-
Scarlet-fever				-	-	-	-	-	-	-	-	-	-
Whooping cough				-	-	-	-	-	-	-	-	-	-
Diphtheria and croup				-	-	-	-	-	-	-	-	-	-
Erysipelas				-	-	-	-	-	-	-	-	-	-
Tuberculous meningitis				-	-	-	-	-	-	-	-	-	-
Pulmonary tuberculosis				-	-	-	-	-	-	-	-	-	-
Other tuberculous diseases				-	-	-	-	-	-	-	-	-	-
Meningitis (not tuberculous)				-	-	-	-	-	-	-	-	-	-
Convulsions				-	-	-	-	-	-	-	-	-	-
Laryngitis				-	-	-	-	-	-	-	-	-	-
Bronchitis				-	-	-	-	-	2	2	-	1	5
Pneumonia (all forms)				-	2	1	-	3	5	3	3	-	14
Diarrhoea				-	-	-	-	-	-	-	-	-	-
Enteritis				-	-	-	-	-	4	5	-	-	9
Gastritis				-	-	-	-	-	-	-	-	-	-
Syphilis				-	-	-	-	-	-	-	-	-	-
Rickets				-	-	-	-	-	-	-	-	-	-
Suffocation, overlying				-	-	-	-	-	-	2	1	-	3
Injury at birth				6	-	-	-	6	-	-	-	-	6
Atelectasis				1	1	-	-	2	1	-	-	-	3
Congenital malformations				4	-	2	-	6	1	3	-	-	10
Premature birth				16	2	3	-	21	-	-	-	-	21
Atrophy, debility & marasmus				-	-	-	-	-	-	-	-	-	-
Other causes				-	-	-	-	-	-	-	-	-	-
Totals				27	5	6	-	38	13	15	4	1	71

Nett births in the year :	legitimate infants	1392	
	illegitimate infants	53	
Nett deaths in the year :	legitimate	68	
	illegitimate	3	
Infantile mortality rate per 1,000 births :	legitimate	49	
	illegitimate	57	

CONVALESCENCE OF MOTHERS AND BABIES

Ten mothers and babies were sent to the Harrogate Home during 1950.

The home apparently experienced a difficult year with regard to staffing and, although many mothers were appreciative of facilities offered, there were more complaints than had been received in previous years.

The home closed earlier than had been intended and the booking for the last fortnight was cancelled.

THAMES STREET NURSERY

Up to March 3rd the nursery continued as a 24 hour nursery and thereafter as a day nursery open from 7 a.m. to 7 p.m. Had it been carried on as a 24 hour nursery it would have required the provision of a milk room, an isolation room, and other amenities, and, although in the opinion of the Ministry of Health the premises and site were not so unsatisfactory that they could not be made acceptable by general repair and decorating, fencing, and laying out of the grounds, it was felt locally that because of the nursery's structural deterioration it would be unwise to spend money on its improvement. It was accordingly decided to change the nursery to a day nursery and to look out for other suitable premises.

Permission to change the facilities of the nursery from a 24 hour to a day nursery was sought additionally for the following reasons:—

- (1) Children needing short stay nursery care are now the responsibility of the Children's Officer.
- (2) Economy in staff, food, linen, lighting and fuel would be obtained.
- (3) In a day nursery the children are brought into closer contact with their own homes and parental care, and there is less tendency to free mothers and fathers from their responsibilities.

With the decision to change it was found that, out of the 40 children attending, only one mother was unable to deal with her child at night, owing to her work, and residential accommodation for this child was found by the Children's Officer.

During April an investigation was carried out among the children attending the nursery, as well as those on the waiting list, to estimate the need for admitting cases other than social cases. All the parents were interviewed, and where their need was because of industrial reasons the possibility of daily minders was stressed and the atten-

dance of their children at the nursery discouraged. Indeed, from October, emphasis was increasingly placed on the admission of social cases and only in special circumstances were industrial cases accepted.

Arising from the survey referred to it was estimated that a nursery for about 25 social cases was required, and the possibility of Ferham Villa being converted to such was then considered.

In October representatives of the Ministry of Health made a detailed examination of the premises and agreed to their suitability, and at the time of writing this report (1951) the project is well on its way.

During the year a child health clinic was held twice each month by an assistant medical officer and all children were kept under the regular supervision of a health visitor.

All members of the staff were X-rayed during the year and examined for the exclusion of tuberculosis.

In the following tables details are given of the occupancy of the nursery—during the first two months as a 24 hour nursery and afterwards as a day nursery:—

MONTH	NUMBER OF SESSIONS		NUMBER OF CHILDREN ATTENDING					
			0-2 yrs.		2-5 yrs.		Total	
	Day	Night	Day	Night	Day	Night	Day	Night
January ..	29	29	10	1	27	5	37	6
February ..	28	28	10	2	25	5	35	7
March ..	27	3	13	2	27	3	40	5
April ..	23	—	11	—	20	—	31	—
May ..	24	—	7	—	19	—	26	—
June ..	26	—	9	—	20	—	29	—
July ..	26	—	6	—	20	—	26	—
August ..	25	—	7	—	22	—	29	—
September ..	26	—	8	—	20	—	28	—
October ..	26	—	8	—	22	—	30	—
November ..	26	—	8	—	21	—	29	—
December ..	23	—	6	—	18	—	24	—

MONTH	NUMBER OF ATTENDANCES					
	0-2 yrs.		2-5 yrs.		Total	
	Day	Night	Day	Night	Day	Night
January ..	156	21	406	97	562	118
February ..	147	32	442	85	589	117
March ..	201	4	369	8	570	12
April	167	—	316	—	483	—
May	118	—	338	—	456	—
June	129	—	314	—	443	—
July	112	—	360	—	472	—
August ..	104	—	334	—	438	—
September ..	99	—	318	—	417	—
October ..	152	—	349	—	501	—
November ..	148	—	357	—	505	—
December ..	100	—	269	—	369	—

MONTH	AVERAGE ATTENDANCE						MAXIMUM ATTENDANCE AT		MINIMUM ATTENDANCE AT	
	0-2 yrs.		2-5 yrs.		Total		one session		one session	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
January	5.4	0.7	14.0	3.3	19.4	4.0	32	6	—	—
February	5.2	1.1	15.8	3.0	21.0	4.1	32	7	—	—
March	7.4	1.3	13.7	2.6	21.1	4.0	28	5	8	2
April	7.3	—	13.7	—	21.0	—	28	—	4	—
May	4.9	—	14.1	—	19.0	—	26	—	5	—
June	5.0	—	12.0	—	17.0	—	23	—	3	—
July	4.3	—	13.8	—	18.1	—	23	—	4	—
August	4.2	—	13.3	—	17.5	—	24	—	5	—
September ..	3.8	—	12.2	—	16.0	—	23	—	5	—
October	5.8	—	13.4	—	19.2	—	25	—	6	—
November	5.7	—	13.7	—	19.4	—	25	—	5	—
December	4.3	—	11.7	—	16.0	—	23	—	4	—

CHILDREN'S COMMITTEE—RESIDENTIAL NURSERY

Subsequent to an arrangement made in 1949 between the Children's Committee and the Health Committee, the residential nursery at Park Mount was kept under regular supervision by staff from the Health Department.

Monthly routine visits were paid for medical inspections and all children were examined by a medical officer on admission. Protection against smallpox and diphtheria was given at appropriate ages.

The hygiene of this nursery is still unsatisfactory with regard to ventilation in the winter, and chronic nasal discharges are troublesome.

During the year there were several cases of chickenpox, scarlet fever, and various upper respiratory infections; and several children were treated for haemolytic streptococcal infections of the nose and throat.

Ultra violet light treatment was given weekly by the physiotherapist; and there appeared to be some improvement in nasal discharges after the use of a special atomiser in the babies nursery.

The overall care of the children appears to suffer from the casual type of untrained staff employed. Steps should be taken to raise the standard in all future appointments and the employment of nursery certificated staff should not be overlooked.

WELFARE COMMITTEE—TEMPORARY ACCOMMODATION.

Following an arrangement made in 1949 between the Health and Welfare Committees, homeless families in residence in the Mount were visited by the staff of the Health Department.

All children were seen by a medical officer on admission and by a health visitor periodically, and mothers were invited to attend the Canklow Clinic for further supervision of the children's health.

Advice on the provision of suitable food for the gradual weaning of the infant not included in the usual diets of the institution was satisfactorily acted on by the matron.

Also, in view of families taking over their own catering, the provision of suitable larder accommodation was discussed with the Welfare Officer and advice given by the Senior Sanitary Inspector and the Medical Officer of Health.

In the following table statistical details are given summarising the visits paid by the Health Department staff during the year:—

Visits paid by medical officer and health visitor	...	...	...	13
Visits to families	...	...	...	74
Visits to new births	...	...	...	3
Visits to other infants under 1 year	...	...	...	21
Visits to infants of 1-5 years	...	...	...	108

MATERNITY SERVICES AND THE DOMICILIARY MIDWIVES SERVICE.

MATERNITY SERVICES.

The total number of confinements occurring during the year amongst women normally resident in the area was 1,455. Amongst these there were 20 twin births and from information obtained from notifications as adjusted by inward and outward transfers the total of births for the area was 1,443 live births and 32 still births.

The use made by parturient women of the several branches of the maternity services is indicated below, together with the change in the usages of such services since the appointed day under the National Health Service Act 1946.

Confinements amongst the normally resident:—

	1946	1947	1948	1949	1950
A. SERVICES PROVIDED WITHIN THE BOROUGH:—					
Moorgate General Hospital ...	619	733	736	578	496
Rotherham General Hospital	4	6	2	1	—
Private nursing homes ...	324	283	145	119	80
Domiciliary confinements ...	796	855	710	763	722
B. SERVICES PROVIDED OUTSIDE THE BOROUGH:—					
The Jessop Hospital, Sheffield	17	12	11	8	8
*Listerdale Maternity Home ...	1	12	4	52	126
*Hallamshire Maternity Home	—	1	2	8	8
Private nursing homes and other institutions ...	7	5	9	6	10
Domiciliary confinements ...	2	4	5	6	5
Total confinements	1770	1911	1624	1541	1455

(* Prior to July 1948, West Riding County Council maternity homes. National Health Service maternity homes from that date).

The distribution of maternity cases amongst the agencies providing care up to and from the appointed day is indicated below:—

CONFINEMENTS WITHIN THE AREA:—						1948	1949	1950
Unattended	...	...	...	...	Resident	1	—	—
Domiciliary:	Midwifery—Municipal	...	...	...	Resident	527	611	583
					Transfer-out	12	12	11
	District Nursing Association	...	...	...	Resident	6	—	—
					Transfer-out	—	—	—
	Private	...	...	...	Resident	5	—	—
					Transfer-out	—	—	—
	Maternity—Municipal	...	...	...	Resident	161	152	139
					Transfer-out	4	5	4
	District Nursing Association	...	...	...	Resident	—	—	—
					Transfer-out	—	—	—
	Private	...	...	...	Resident	11	—	—
					Transfer-out	—	—	—
Institutional:	Moorgate General Hospital	...	...	...	Resident	736	578	496
					Transfer-out	490	538	536
	Rotherham General Hospital	...	...	...	Resident	2	1	—
					Transfer-out	1	—	1
	Clifton Lane Nursing Home	...	...	...	Resident	64	50	30
					Transfer-out	15	18	20
	Kimberworth Maternity Home	...	...	...	Resident	17	—	—
					Transfer-out	6	—	—
	Garrowtree Maternity Home	...	...	...	Resident	63	69	50
					Transfer-out	24	9	12

CONFINEMENTS OUT OF THE AREA OF PERSONS
NORMALLY RESIDENT:—

					1948	1949	1950
Midwives cases	...	...	...	Resident	5	6	5
Jessop Hospital	...	...	...	Resident	11	8	8
Strangeways	...	...	...	Resident	1	—	—
*Listerdale Maternity Home	...	...	...	Resident	4	52	126
*Hallamshire Maternity Home	...	...	...	Resident	2	8	8
Private nursing homes	...	...	...	Resident	6	6	7
General Hospitals	...	...	...	Resident	2	—	3

ANALYSIS OF THE TOTAL CONFINEMENTS OF THE
NORMALLY RESIDENT:—

Total confinements	...	...	...	Resident	1624	1541	1455
Twin births	...	...	...	Resident	20	17	20
Live births	...	...	...	Resident	1613	1518	1443
Still births	...	...	...	Resident	31	40	32

(* West Riding maternity homes prior to 5th July 1948).

Whilst there has been a decline in the admission of Rotherham women to Moor-gate General Hospital this has been counterbalanced by a marked increase in the admission of Rotherham women to Listerdale Maternity Home.

There is no evidence to show that there has been any refusal of hospital beds to Rotherham patients where hospital admission has been recommended, but only 293 hospital bookings were referred for enquiry on Form O.P.M.9 during the year.

Over the years there has been only a mild increase in the proportion of hospital confinements in relation to the total confinements of those mothers normally resident in the borough.

In 1946, 36.2 per cent. of the confinements took place in hospitals; in 1947, 39.9 per cent.; in 1948, 46.4 per cent.; in 1949, 42.0 per cent.; in 1950, 43.8 per cent.

During 1950, health visitors paid first visits to 1,346 live births, that is to 91.9 per cent. of the total.

133 homes in this group were attended by the home helps.

No maternal deaths were recorded in the area during the year.

DOMICILIARY MIDWIVES SERVICE.

The establishment of domiciliary midwives throughout the year has been:—

1 superintendent.

6 area midwives recognised as teachers of domiciliary midwifery.

6 area midwives not so recognised.

The town is divided into 10 areas, and 1 midwife acts as a permanent holiday relief and another as general relief midwife.

Cases of suspected infection are handed over to the Home Nursing Service and 16 patients were so nursed during the year.

The case load of the midwives, as indicated below, is well within that recommended in the conditions of service of the Midwives Salaries Committee.

	1946	1947	1948	1949	1950
Domiciliary midwives	721	811	604	781	737
District nursing associations	51	36	6	—	—
Private midwives	32	25	16	—	—
	—	—	—	—	—
Total cases	804	872	626	781	737
	—	—	—	—	—

Since 27th September 1948 all domiciliary midwives have received rent allowances in respect of houses occupied by them for the purposes of their practice.

All domiciliary midwives are qualified to administer gas and air analgesia and this relief was given by them to 446 women during the year. In a further 90 cases in which a medical practitioner was present at delivery gas and air was also given.

The use of pethedine by midwives was authorised in November 1950. This adds further to the relief of pain at child birth and all the domiciliary midwives are now qualified to administer the drug on their own responsibility.

Sterilised dressings, put up in metal drums, are available for every domiciliary confinement and certain medicaments for the preparation of the nipples for breast feeding, for protecting the buttocks of the newly born, and for the toilet of the mother during the confinement period, are also provided.

While the new service gives every woman the right to book a medical practitioner for ante-natal care and/or confinement, so far there has been no great change over in practice.

Of the 737 cases attended by the midwives—722 normally resident and 15 outward transfers—a practitioner attended in 143, whilst in a further 139 the practitioner was engaged but not present at the delivery, and in the remaining 455 cases the midwife was in sole charge of the patient with medical aid called to her assistance in 182 cases.

Not all women as yet desire medical attention at confinement and with a well developed specialist ante-natal service, linked with the hospital maternity service, there seems no lack of integration of care in the local scheme.

Dr. D. Ballantine, Consultant Obstetrician to the local hospitals, has also continued his employment as obstetric officer to the Local Health Authority, and as medical inspector of midwives. He has remained in charge of the district ante-natal clinics and of the hospital "flying squad" which serves the district.

His day to day contact with midwives and medical staffs both inside and outside hospitals and with women attending both hospital and district ante-natal clinics has preserved a continuity in the local maternity services with real advantage to the mothers concerned.

Ten pupil midwives entered for the examination of the Central Midwives Board and all were successful.

Two midwives attended an eight day course at Leeds and Birmingham respectively.

A first-aid lecture on midwifery, in so far as it concerned the Ambulance Service, was given by the Superintendent Midwife.

All 14 gas-air machines were overhauled 4 times during the year.

Patients discharged from Moorgate General Hospital and from Listerdale Maternity Home about the 10th day numbered 340. All were followed up by the area midwives concerned.

DISTRICT ANTE-NATAL AND POST-NATAL CLINICS.

The following is an analysis of the attendances at the consultant ante-natal clinics during the year:—

		Sessions held	New Cases			Total women attending			Total attendances		
			A.N.	P.N.	B.C.	A.N.	P.N.	B.C.	A.N.	P.N.	B.C.
Ferham House	...	24	194	77	—	229	80	2	353	88	3
Cranworth Road	...	50	229	115	2	276	121	9	479	139	15
Thorpe	...	12	28	11	—	31	11	—	81	11	—
Greasbrough	...	12	30	5	—	42	5	—	89	14	—
		—	—	—	—	—	—	—	—	—	—
Total		98	481	208	2	578	217	11	1002	252	18
		—	—	—	—	—	—	—	—	—	—

In addition to the above, the domiciliary midwives—with the exception of Mrs. Gosling, in the Broom area, and Mrs. Clarke, in the Thorpe area—held their ante-natal clinics on centre premises and at these sessions a further 1,002 attendances by expectant mothers were recorded.

In so far as the consultant clinics are concerned there has been variation over the years in the attendance of expectant mothers, and this year there has been a marked increase in the attendance of women for post-natal examination. This has probably resulted from an invitation, which is now sent out from the clinics to all midwives' patients who attend ante-natally, asking them to attend for post-natal examination.

The following analysis indicates the extent of the practice of the consultant ante-natal clinics over recent years:—

Year	Number of women who attended during the year			Total attendances made		
	A.N.	P.N.	B.C.	A.N.	P.N.	B.C.
1944	644	136	29	1034	165	39
1945	537	75	33	834	87	58
1946	450	95	38	972	118	65
1947	763	106	41	1249	119	83
1948	703	100	54	1107	119	89
1949	718	137	36	1103	162	56
1950	578	217	11	1002	252	18

All women attending the clinics are interviewed by a health visitor before passing on for examination. A dental inspection and further treatment as necessary is arranged for all those not edentulous and who are willing to accept dental treatment.

A relaxation class, under the direction of a physio-therapist, is held weekly on the clinic afternoon at the main centres at Ferham House and Cranworth Road, and mothercraft afternoons, at which a health visitor discusses relevant subjects with the primigravida, are also held on the same afternoons. A film strip projector is also used from time to time. Invitations to the relaxation class and to the mothercraft afternoons are sent to all expectant mothers who have engaged a domiciliary midwife to attend them or who have also engaged a maternity medical practitioner who, in reply to a circular letter addressed by the medical officer of health to all such practitioners in the area, has indicated that he wishes his patients to be invited.

The medical superintendent of the Moorgate General Hospital also kindly consented to display in his hospital ante-natal clinic an illustrated hand-written poster inviting attendance at these mothercraft afternoons. He was however unable to accept an offer of a health visitor to attend hospital ante-natal clinics to give health talks to the mothers attending those clinics.

RHESUS INVESTIGATION.

Blood sampling and follow-up is undertaken of all women attending the consultant clinics, and of the husbands in that minority of cases in which the need for the blood typing of the consort is indicated.

The domiciliary midwives take samples at delivery, and on the 10th day when this is requested by the blood transfusion officer.

All records of these investigations are filed in the clinics and are available to practitioners and midwives at the subsequent pregnancy of the patient concerned. Where patients transfer from home to hospital booking for confinement or vice versa, the relevant information is likewise transferred.

At the consultant clinics midwives attend with their patients and are able to discuss difficulties with the obstetrician in charge. It is on his decision that transfers from domiciliary to hospital bookings are arranged.

It is gratifying to record that there were no maternal deaths recorded during the year.

HEALTH VISITING.

HEALTH VISITORS AND SCHOOL NURSES

The establishment for the combined duties of health visiting and school nursing was determined by Minute 2112(2) of February 1950 and 2404 of March 1950 as under:—

- 1 superintendent health visitor.
- 1 assistant superintendent health visitor.
- 1 health visitor—teacher.
- 1 social worker.
- 21 district health visitors—combined duties
(This includes 5 school nurses who will not be replaced as such).
- 2 clinic nurses (including the premature baby nurse).
- 2 clinic attendants.

Total establishment 29 officers.

The case load at the end of the year was:—

SCHOOL NURSING.

Number of children 5-15	...	...	...	...	...	12140
Number of nursery classes and schools	...	...	...	...	...	7
Number of voluntary schools	...	...	...	...	...	2
Number of primary schools	...	...	...	...	...	18
Number of secondary modern schools	...	...	...	...	...	4
Number of County grammar schools	...	...	...	...	...	2
Special schools (1 open air and 1 for the educationally sub-normal)	...	...	...	...	...	2

HEALTH VISITING.

Infants under 1 year on visiting list	...	...	...	...	...	1416
Infants 1-5 years on visiting list	...	...	...	...	...	6009
Tuberculous patients	...	...	...	...	...	314
Mental defectives	...	...	...	...	...	200
Aged and chronic sick	...	...	...	...	...	500
Day nurseries supervised	...	...	...	...	...	1

Duties performed in respect of other services of the local authority:—

Residential nurseries and homes	...	...	...	...	...	3
(Hygiene surveys and visits as necessary)						
Supervision of families in temporary accommodation	...	...	...	...	...	varying
Hospital departments—weekly visits	...	...	...	...	...	7

The health visitor/school nurses with clerical assistance also staff

Minor ailment clinics.	Immunisation and vaccination clinics.
Child welfare clinics.	Consulataive ophthalmic clinics.
Ante-natal clinics.	Aural clinics.
Audiometry testing in schools and clinics.	Mothercraft afternoons and a Mothers' Club.

The sales of infant foods and nutritional aids is undertaken by a clerk at all the child welfare centres.

The equivalent whole time health visitor service available at the end of the year was 11 and the number of visits paid by these visitors was:—

				First visits	Total visits
Expectant mothers	...	...	...	912	1145
Children under 1 year	...	...	...	1346	9031
Children 1-5 years	...	...	...	32	14343
Other cases	...	...	...	1276	3404

School follow-up visits are not included as these are returned separately to the Ministry of Education.

The nature of the health visitors' work has undergone some change during the year and the merging of the school nursing and health visiting staffs has created some difficulties which will only be overcome when those engaged in school work are competent to perform the combined duties of health visiting and school nursing. At present the five school nurses are engaged solely in school work with the exception that they assist at child welfare and immunisation clinics during school holidays and when not required elsewhere.

The nursery school and all nursery classes are supervised by health visitors as are a proportion of the other schools.

Accordingly, with the depleted home visiting staff available, it has not been possible to cover all the visiting with that degree of continuity which the health visitors consider necessary. Health visitors however have endeavoured to give their services where most needed.

Children under 1 year, the supplying of background reports on patients admitted to hospital and the follow-up of such patients on discharge, and the aged, have been given priority.

A detailed survey of all contacts of cases of tuberculosis scheduled as disease not arrested, or arrested for a period of less than 5 years, has been made. A health visitor will attend the new Chest Clinic which is to open in early 1951 and the follow-up of contacts and particularly of defaulters will be pursued.

The health visitor attached to the Chest Clinic will discuss with the chest physician the queries of the area health visitors regarding the problems of infected families and will bring from the chest clinic the instructions and advice of the physician, which will be of help to the area health visitors performing follow-up visiting and after care work.

Mental defectives have not been visited to the extent required by statute, but there are two full time mental health officers with a limited case load who exert overall supervision, and all defectives who can be placed have been dealt with. It is hoped to improve the home visiting of the mental defectives who remain in their own homes as the staffing position improves.

The follow-up of handicapped school leavers will be undertaken as soon as practicable and periodic surveys of all school leavers should be made when the staff strength reaches the authorised establishment.

On the 1st January 1950, before the health visiting and school nursing establishments were merged, there were 9 full time district health visitors in office and 7 vacancies, but with 3 students in training. Two of these qualified and returned to the staff in April and the third returned in July. Two further students were recruited during the latter part of the year and were sent for training in October.

With the merging of establishments the staffing position at the end of the year was 7 below strength. When fully recruited, two-thirds of available time will be devoted to health visiting and one-third to school nursing.

During the year three of the staff were sent for refresher courses; all other members were either recently qualified or had attended a course within 5 years.

The superintendent again attended the annual Maternity and Child Welfare Conference as a delegate of the Health Committee.

SOCIAL CASE WORK

EXPECTANT MOTHERS.

Since December 1949 seventeen unmarried expectant mothers have been dealt with by the Health Department. Arrangements were made for six of these girls to be admitted to Mother and Baby Homes, five were confined at home, and six in hospital. Seven of these mothers have kept their babies, three children have been adopted, two children have died, one child is still being fostered with a view to adoption, one mother is still undecided, and three mothers have since been married.

Although a further thirteen expectant mothers came to the notice of the Department and were visited and supervised regarding care and ability to provide for a child, these mothers were able to make their own arrangements and, although glad to have advice, were fairly independent. They were not exactly of the same category as the first seventeen as they already had established homes, being, for example, widows, separated wives, single girls or married women, cohabiting but unable to marry as one partner was not free.

The aim in dealing with younger girls is to assist each one until she becomes adjusted again to her ordinary life and to help her in caring for the child whilst she works.

ILLEGITIMATE CHILDREN.

835 visits were paid to illegitimate children during the year. Several girls who have kept their babies have been assisted in caring for them; seven foster homes were secured during the year; and eleven places were made available in the Corporation Day Nursery. With regard to foster homes, payment is made by the girls themselves by private arrangement; the sum of fifteen shillings a week is recommended as adequate and in cases where the girl is earning well it is suggested that she may give the foster mother a present at holiday time or Christmas, but it is stressed that this basic fee should never be increased.

The age of seven, when the child with little experience of life is beginning to build up a conception of himself in the outside world (usually he assumes the identity of an important character in crime—the piratical or gangster type) is generally a difficult time for relatives dealing with children, and the illegitimate child with an insecure home background seems to come off badly at this stage. He is often at the mercy of relatives who do not have the complete control over him that a child's own parents have; for example, the grandmother often complains that the child is out of hand and blames the mother for not having adopted a sterner discipline when he was younger, and the mother, poor soul, working during the day and hearing bad reports at night feels protective and defends the child at the risk of marring a good family relationship or else, which is more commonly the case, bribes the child with sweets and the promise of ridiculously expensive toys as the price of harmony in the family circle, but with an irremediable bad effect upon the child's character.

CHILD NEGLECT AND PROBLEM FAMILIES.

Twenty-four problem families were dealt with during the year. The aim of this work is to alleviate or prevent child neglect. Work in this connection assumes the character of a long term policy, but from day to day it is of a slow plodding nature with, on the whole, unspectacular immediate results, although there are exceptions to the rule.

The picture of a problem family is now generally well known and may be defined as "a home where standards have become dangerously low, that is, so low that there is a danger to the health, even to the life, of the children within it." On inspection of the home there is very little or no food visible, furnishings are sparse and very dilapidated, there is a doubtful quantity and quality of bedding (and this is usually dirty), the family is often a large one, and there is commonly poor personal hygiene and general illventilation.

Of the twenty-four cases dealt with, constant supervision by the N.S.P.C.C. Inspector was necessary in six; this means that in these six homes the parents could not (nor can they still) be relied upon to minister to their children's needs. In another six the parents reacted well to advice and suggestion even to the extent of three of them acquiring normal comfortable homes, whilst the remaining trio seem to be well on the way to following suit. The children of two families were admitted to Corporation Homes subsequent to the mother's desertion, and the remaining ten parents are still caring for their children in a very haphazard and slapdash fashion. Home conditions in three cases out of the latter ten have improved, but dietetically there has been no ground gained. It may be mentioned that, in addition to the six families requiring constant N.S.P.C.C. supervision, seven more have been reported to that society for other reasons.

An analysis of the bread winners' working record in these families shows that nine parents work regularly in a steady job; six irregularly (constantly having odd days off); four very irregularly (seldom at work and constantly changing their jobs); one man is on compensation following injury; and four are on National Assistance. One of the regular workers is a woman and her outside work is a contributing factor to the neglect of her home and children.

In dealing with these families a good personal relationship is absolutely essential and the aim has been to try to achieve this during case work by assessing the causes of the lowered standards and discussing these sympathetically whilst inviting suggestions from the people themselves for the remedy. It is felt that it is best to stimulate these families with the urge to help themselves rather than to thrust too much material help upon them. Suggestion, encouragement, and advice are assisted, however, by some essential material help given in the nature of a prize for effort already made. It has been possible to draw on a local voluntary fund for this purpose and there have been a few voluntary donations of second hand furniture and furnishings passed on to the Health Department by interested people. Although the Home Help Service is now available for these cases it is very satisfying to see the parents and the family themselves rise to the occasion and improve their own home conditions.

As one visits the problem family one realises how much the success of the work depends upon roughly assessing the parents intellect and making the appeals on a likely plane for their understanding. Whether these people have impaired intellect due to their own unfair upbringing, whether they would in any case be subnormal mentally, or whether the breakdown in social standards is due to some temporary emotional upset, the type of case work seems to be the same for all; and it does appear from results that building up self respect and encouraging action by suggestion coupled with frequent visiting during the time that the family are showing signs of rallying is treatment on the right lines.

ADOPTION.

Sixteen adoptions coming to the notice of the Health Department were handled by adoption societies and fourteen were privately arranged; of the latter fourteen, seven of the children were related to the adopters, two were placed by children's officers, and five were handed over to the adopters by the mothers themselves.

The Health Visitor/Social Worker was invited to join the Sheffield and District Adoption Society Case Committee on taking up duties in September 1949, in the place of her predecessor, Miss Hanson. During the year fifteen meetings were attended.

The adoption Act 1949 revolutionised the handling of adoption to such an extent that it has been difficult even for the experts themselves to interpret the law correctly in this respect. The Act represents progress in adoption, but there are still flaws in adoption procedure; apparently the various Courts throughout the country have different rulings due to different interpretation of the Act and conferences have been organised by Adoption Societies for those interested in the work, with the ultimate object of obtaining uniformity of action and the removal of anomalies.

As far as the Sheffield Adoption Committee is concerned the type of child offered to them for adoption is mostly the illegitimate child of the unmarried mother. Occasionally a child born in wedlock is offered by the parents, but it is not accepted, as it is felt that there is something far wrong with a marriage when this is the case and that the solution to the married couple's problem does not lie in the removal of their child. The illegitimate child of a married woman is accepted if that measure will lead to a reconciliation between husband or wife. In the case of the illegitimate child of the unmarried mother, there is a wide discrepancy in numbers between children offered for adoption and the number of completed adoptions. Although the unmarried mother, or unmarried expectant mother, is usually referred to the adoption committee by other social workers and interested persons, very often she finds her way there by herself as she is in some dilemma concerning the ultimate care of her child. It very often happens that, whereas adoption was thought by her to be the only solution to her troubles, she is eventually helped, by contact with the committee, to keep her child. In the case of a Rotherham girl she would be referred to this department at a case committee meeting and the health visitor/social worker would then visit the home and interview relatives on behalf of the Sheffield Adoption Committee without the girl feeling that her confidence had been divulged to some outside party.

There is usually a difference in the type of child placed by the children's officers for adoption. Although they too deal with the illegitimate child of the unmarried mother, the child's family history is often poor or perhaps there is no history available, and so it is generally assumed that children's officers offer the child with a known good medical history to the registered adoption societies to handle and only deal with the "rejects" or those that they know would ultimately be rejected by the societies them-

selves. In this connection there is an anomaly in adoption procedure, which should be pointed out, due to the difference between the regulations governing the conduct of adoption societies and those relating to adoption conducted by the individual agent. In both cases a medical certificate has to accompany the original application for adoption. This has to be signed by a registered medical practitioner and is "a certificate as to the mental and physical health of the infant," (for descriptive purposes this is termed "short medical certificate"). In the regulations on adoption, published in 1943, which deal with the 1939 Adoption Act (this Act deals with the conduct of adoption societies) there is a specified well defined form of searching medical certificate, (for descriptive purpose this is termed the "long certificate"), which, in addition to the "short" certificate has also to be furnished for the Court. It does not take much imagination to see that, in the very case (the child with a poor family history or no family history available at all) in which great care should be taken in placing (adopting parents being warned of the implications of any adverse medical findings), there is a danger of an unsatisfactory adoption should the adopters not be sufficiently reinforced to deal with any adverse development of the child.

VENEREAL DISEASE.

Three cases were referred for follow-up work in regard to attendance at the female Venereal Diseases Clinic; one proved very difficult to trace and for all of them several visits were necessary before clinic attendance was secured.

OTHER PROBLEMS.

Several miscellaneous problems were dealt with in the office from time to time such as matrimonial quarrels, and many persons called at the office to inquire tentatively for elementary information on "how to adopt a child." Two of the matrimonial quarrels were referred to the Sheffield Marriage Guidance Council and several others to the probation department for further advice

GENERAL STATISTICS

The following statistical summary details the work performed by health visitors, clinic nurses, and clinic assistants (excluding duties undertaken in the School Health Service).

Sections 22, 24, 26, 28 and 51, National Health Service Act.

EXPECTANT MOTHERS.

Home enquiries regarding hospital bookings	...	...	...	293
Revisits	...	...	...	26
First visits expectant mothers other than above	...	...	...	619
Revisits	...	...	...	207
Contacts with social agencies on behalf of mothers	...	...	...	126
Arranging convalescence	...	...	...	50
Escorting duties	...	...	...	2
Visits to maternity wards	...	...	...	44

YOUNG CHILDREN (visits paid after the birth of the child).

Still births:—			
Hospital and nursing home confinements	...	...	23
Domiciliary confinements	...	...	7
Live births:—			
Hospital and nursing home confinements	...	...	659
Domiciliary confinements	...	...	687

CHILDREN UNDER 1 YEAR.

Premature babies—nurse's supervisory visits	552
General routine visits	7221
Illegitimate	194
Ill-cared for	82
Death enquiries	48

CHILDREN 1-5 YEARS.

General routine visits	12957
Illegitimate	515
Ill-cared for	329
Found on area (and not known to have been visited before)	32
Investigations for places in day nursery	85
Contacts with social agencies	277
Visits 5-18 years—illegitimate	133

CHILDREN 0-15 YEARS—HOSPITAL FOLLOW-UP.

1st visits	414
Re-visits	128
Visits to children's wards ...	43
Attendances at paediatric clinics	48

SOCIAL CASE WORK.

Number of cases referred ...	18
Visits paid to homes	129
Cases referred to N.S.P.C.C. ...	32
Other social contacts	86

ADOPTION AND FOSTERING OF CHILDREN.

Enquiries on behalf of adoption societies	16
Visits paid after placing and until order obtained	39
Adoptions by direct placing ...	13
Visits paid after placing and until order obtained	27
Attendances at Sheffield Adoption Committee	15
Social contacts re adoption ...	16
Vigilance—fostering and adoption cases referred to the Children's Officer	15
Visits to homes of fostermothers where arrangements for placing pending	26
Visits to illegitimate children placed in foster homes ...	35
Escorting duties	8

GENERAL CARE AND AFTER CARE.

1st visits	62
Re-visits	23

SOCIAL ENQUIRIES FOR ALMONERS, SHEFFIELD HOSPITALS.

1st visits	27
Re-visits	2

FOLLOW - UP VISITS, HOSPITAL PATIENTS OTHER THAN CHILDREN.

1st visits	318
Re-Visits	181

TUBERCULOSIS.

1st visits to patients	92
Re-visits	534
Attendances at Chest Clinic ...	144
Patients visited in Oakwood Hall Sanatorium	2

OTHER INFECTIONS AND INFESTATIONS.

Total visits	231
Contact swabbing	86
Referred to social agencies ...	7

MENTAL DEFICIENCY.

1st visits	66
Re-visits	239
Escorting duties	6

AGED PERSONS.

1st visits	249
Re-visits	774
Ward visits	14
Referred from bed bureau for investigation	22
Contacts with social agencies ...	90

DUTIES DELEGATED BY THE CHILDREN'S COMMITTEE.

Hygiene surveys — Park Mount Nursery	14
Visits to residential homes ...	48

DUTIES DELEGATED BY THE WELFARE COMMITTEE.

Hygiene surveys — temporary accommodation at The Mount	13
Visits paid to separate families in accommodation	74

DUTIES DELEGATED BY THE EDUCATION COMMITTEE.

Lectures to nursery students ...	37
Observation visits arranged ...	14

STAFF ATTENDANCES AT LOCAL HEALTH AUTHORITY CLINICS AND NURSERIES.

Ante-natal clinics	344
Child welfare clinics	1064
Nursery welfare sessions ...	20
Immunisation clinics	75
Mothers Clubs (evenings) ...	36

HOME NURSING.

This service has continued to be administered by the Nursing Sub-Committee of the Health Committee, which is composed of eight members of the Health Committee and six co-opted members from the Rotherham District Nursing (Benevolent) Association. Councillor Mrs. E. McNicholas was appointed to the Sub-Committee in May in the place of Councillor A. Walsh, and Miss E. M. Rushforth was appointed a co-opted member to fill the vacancy created by the death of Mr. W. MacLagan.

The Sub-Committee continued to be represented on the North-Eastern Area Federation of the Queen's Institute of District Nursing, which, in turn, was represented on the General Council of the Institute by the Medical Officer of Health for Rotherham.

During the year the Rotherham District Nursing (Benevolent) Association presented two additional treasure cots for the use of the children's nursing unit.

In order to meet the requirements of the new training syllabus, the Council decided to send Miss V. McCarthy, Assistant Superintendent, to be trained as a health visitor so as to enable her to undertake the training of candidates. She commenced her studies at Leeds University in October.

Consideration by the Nursing Sub-Committee of the question of the recruitment of nurses to the service was followed by invitations being sent to the third-year nursing students of the local hospitals to "At Homes" held approximately every quarter. At these meetings talks were given by the Superintendent and the practical work of district nursing outlined.

Two of the sisters employed in the children's nursing unit attended the Children's Hospital, Sheffield, for a week's refresher duty, whilst other two sisters had two weeks post-graduate study at Roffey Park, Sussex, in the early part of the year.

The complement of nursing staff employed at the beginning and end of the year was as follows:—

					1st January	31st December
FULL-TIME STAFFS						
Superintendent	...	...	...	...	1	1
Assistant Superintendent	...	...	...	...	1	1
Queen's nursing sisters		Male	...	...	3	2
		Female	...	...	6	6
Queen's candidates		Female	...	...	1	—
State registered nurses		Female	...	...	— 12	3 13
					<hr/>	<hr/>

PART-TIME STAFFS

			1st January	31st December
Queen's sisters	Female	...	—	4
State registered nurses	Female	...	6	6
State enrolled assistant nurses	Female	...	5 11	4 14
			<hr/> 23 <hr/>	<hr/> 27 <hr/>

Basing the services rendered by the part-time staff on a 48 hour week the equivalent full-time staff at the beginning of the year was equal to 6.0 and to 7.6 at the end of the year. The staff totals as adjusted are therefore 18.0 and 20.6 respectively.

In the subsequent statistics relating to the service it will be seen that there has been a further increase in the number of cases nursed and visits paid during the year. It will also be seen that changes in the staff have of necessity brought about the employment of part-time nurses. One of the additional staff was employed specially for evening work between 6.30 and 10.30 p.m. on weekdays and 5.30 to 9.30 p.m. on Sundays. This made the staff employed specially during these hours up to three, but the late evening calls made by these nurses were invaluable to the very sick and to those patients requiring late injections of morphia.

Three Queen's candidates, of which two were sent by the West Riding County Council, were trained during the year and all successfully passed the Queen's Roll examination. It is pleasing to report the continued 100 per cent. success by the service in this work, and that the Queen's Visitor on her annual inspection of the service in June was able to give a good report on the nursing staff as well as on the amenities provided for nursing work and for the comfort of the staff in the Home.

Free 'bus passes were again issued by the Transport Department during the year; and the members of the Rotary Club, assisted as necessary by the Ambulance Service, continued to provide voluntary transport on Sunday mornings when public transport was not available. Emergency calls requiring transport were also dealt with by the Superintendent with her car, or by the sitting case cars of the Ambulance Service. Without the aid of these outside agencies the nursing service would suffer great inconvenience and their help is much appreciated.

The growth of the service noted in previous reports continued throughout the year as will be seen from the further increase in the number of cases nursed and visits paid. The majority of the work has been of an acute nature requiring an increased number of visits. The work undertaken in the care of the aged has also increased, due no doubt to more patients being recommended for treatment by general practitioners and to the fact that under the National Health Service Act this is free of charge. Cases who are convalescent and who require "follow-up" are transferred to the health visitors. Their co-operation is of great value as is also the close liaison with the Home

Help Service and its night service of sitters-in. The children's unit is still progressing and two nursing sisters are more or less specialising in this work, most of which is of an acute nature.

Turning now to the statistical side of this review, at the beginning of the year 236 cases were brought forward from 1949 and 2,377 new cases were reported, making a total of 2,613 cases nursed during the year 1950. Of the new cases, 1,707 were medical, 557 surgical, 82 gynaecological, 20 obstetric, and 11 maternity; these cases were referred to the service by

		No.	Per cent.			No.	Per cent.
Doctors	...	2065	86.9	Child Health Service	...	14	0.6
Rotherham Hospital	...	84	3.5	District Midwives Service		18	0.8
Moorgate General Hospital		16	0.7	Individual applications	...	163	6.8
Other hospitals	...	17	0.7			<hr/>	<hr/>
				2377 100.0			

During the year, 2,378 cases were discharged leaving 235 cases remaining on the books on 31st December 1950. In the statistical tables which follow, an attempt has been made to analyse the work of the service throughout the past year in order to obtain a picture of the clinical pattern placed on the service, e.g. how many cases of a particular disease occurred in a particular age group, and the average period of treatment and frequency of visit for any one disease. It will, of course, be appreciated that a complete account of the treatment can only be given at the end of treatment and accordingly the survey has been based on the 2,378 cases whose nursing treatment was completed during the year 1950, of which 1,031 were males and 1,347 females.

The ages of these patients came within the following age groups:—

			Male	Female	Total	Per cent. of total
Under 1 year	...	...	156	85	241	10.2
1-5 years	...	...	129	110	239	10.0
5-15 years	...	...	90	83	173	7.3
15-45 years	...	...	208	380	588	24.7
45-65 years	...	...	175	254	429	18.0
Over 65 years	...	...	273	435	708	29.8
Total			1031	1347	2378	100.0
Per cent.			43.4	56.6	100.0	—

The main conditions treated (ignoring age and sex) were:—

					Number	Per cent. of total
Infectious diseases, etc.	...	...	...	...	195	8.2
Tuberculosis (all forms)	...	...	...	...	16	0.7
Cancer and other neoplasms	...	...	...	...	125	5.3
Diabetes	...	...	...	...	39	1.6
Mental and other nervous diseases	...	...	...	...	11	0.5
Ear, eye and other sense organs	...	...	...	...	145	6.0
Cerebral haemorrhage	...	...	...	...	107	4.5
Heart and arteries	...	...	...	...	124	5.2
Veins and other circulatory diseases	...	...	...	...	49	2.1
Respiratory diseases	...	...	...	...	469	19.7
Digestive system	...	...	...	...	243	10.2
Genito-urinary system	...	...	...	...	201	8.5
Pregnancy and childbirth	...	...	...	...	38	1.6
Skin	...	...	...	...	305	12.8
Bones and joints (mainly rheumatism)	...	...	...	...	47	2.0
Injury	...	...	...	...	92	3.9
Other diseases or ill-defined	...	...	...	...	172	7.2
Total					2378	100.0

The following table gives the average duration of treatment of each disease group and the ratio of visits per case. For the purposes of simplicity, the duration of treatment is given in days so as to be readily comparable with the numbers of visits paid.

Disease				Total	Average duration of treatment (days)	Average number of visits	Ratio of visits per day
Infectious diseases, etc.	...	...	...	195	9.6	10.9	1.1
Tuberculosis (all forms)	...	...	...	16	99.8	100.2	1.0
Cancer and other neoplasms	...	...	...	125	51.0	37.2	0.7
Diabetes	...	...	...	39	151.5	172.0	1.1
Mental and other nervous diseases	...	...	...	11	111.7	63.3	0.5
Ear, eye and other sense organs	...	...	...	145	7.2	8.6	1.2
Cerebral haemorrhage	...	...	...	107	67.7	43.3	0.6
Heart and arteries	...	...	...	124	47.6	31.3	0.7
Veins and other circulatory diseases	...	...	...	49	13.8	12.7	0.9
Respiratory diseases	...	...	...	469	13.9	14.5	1.0
Digestive system	...	...	...	243	12.8	10.0	0.8
Genito-urinary system	...	...	...	201	21.5	13.8	0.6
Pregnancy and childbirth	...	...	...	38	12.4	13.9	1.1
Skin	...	...	...	305	12.0	12.0	1.0
Bones and joints (mainly rheumatism)	...	...	...	47	98.2	62.1	0.6
Injury	...	...	...	92	33.7	19.0	0.6
Other diseases or ill-defined	...	...	...	172	27.8	18.6	0.7
Total				2378	26.3	21.1	0.8

It will be seen that the duration of treatment of the several diseases varies considerably with the nature of the disease as also do the numbers of visits paid during that period. The longest average period of treatment was given to patients suffering from diabetes and was approximately five months, though it should be remembered that some of the patients came on the books in 1948 and have been nursed for two years. It will also be seen that the diabetic patients, whose treatment is mainly the administration of insulin, received an average of 1.1 visits per day. In other diseases in which the illness is of a chronic nature the ratio of visits falls to one in two days as the patient does not require such frequent visiting.

In the table which follows, the patients have been grouped according to age and disease :-

	Under 1 year		1-5 years		5-15 years		15-45 years		45-65 years		Over 65 years		TOTALS		
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Total
Infectious diseases, etc.	11	4	19	30	16	23	21	41	8	8	3	11	78	117	195
Tuberculosis (all forms)	-	-	-	-	-	-	4	4	2	3	3	-	9	7	16
Cancer and other neoplasms ..	-	-	1	-	-	-	4	13	19	24	30	34	54	71	125
Diabetes ..	-	-	-	-	-	1	-	3	4	8	6	17	10	29	39
Mental and other nervous diseases ..	2	1	-	1	-	-	-	-	1	1	1	4	4	7	11
Diseases of ear, eye and other sense organs ..	10	7	21	16	21	14	16	19	6	9	1	5	75	70	145
Cerebral haemorrhage..	-	-	-	-	-	-	2	2	7	10	46	40	55	52	107
Heart and arteries ..	-	-	-	-	-	-	2	8	15	23	30	46	47	77	124
Veins and other circulatory diseases ..	3	-	5	4	1	2	3	15	3	9	1	3	16	33	49
Respiratory diseases ..	96	53	44	36	6	9	21	31	38	33	39	63	244	225	469
Digestive system ..	6	4	10	5	8	8	28	48	15	31	37	43	104	139	243
Genito-urinary system	12	1	6	3	3	-	6	35	8	32	21	74	56	145	201
Pregnancy & childbirth	-	-	-	-	-	-	-	37	-	1	-	-	-	38	38
Skin ..	5	10	11	7	28	12	79	54	33	31	17	18	173	132	305
Bones and joints ..	1	-	1	-	1	2	8	7	5	12	3	7	19	28	47
Injury ..	2	-	6	3	2	4	5	15	9	14	5	27	29	63	92
Other diseases or ill-defined ..	8	5	5	5	4	8	9	48	2	5	30	43	58	114	172
Totals Males ..	156		129	110	90	83	208	380	175	254	273	435	1031	1347	2378
Females ..		85													
Grand Totals ..		241		239		173		588		429		708		2378	

It will be seen that the largest group is that of patients over the age of 65, slightly under one-third of the total cases nursed. The second largest group consists of those under the age of 15 years (653) whose treatment is covered by the special children's unit.

The reasons for the termination of treatment were: —

	per cent.
Recovered, relieved or convalescent	78.1
Admitted to hospital	10.2
Gone away or removed for other causes	1.5
Died	10.2
	<hr/> 100.0 <hr/>

Details of these are given in the following table: —

Disease	Recovered, relieved, or convalescent		Admitted to hospital		Gone away etc.		Died		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infectious diseases, etc. ..	182	93.3	11	5.7	1	0.5	1	0.5	195	8.2
Tuberculosis (all forms) ..	3	18.8	4	25.0	1	6.2	8	50.0	16	0.7
Cancer and other neoplasms	41	32.8	19	15.2	3	2.4	62	49.6	125	5.3
Diabetes	17	43.6	18	46.2	2	5.1	2	5.1	39	1.6
Mental and other nervous diseases	3	27.4	4	36.3	—	—	4	36.3	11	0.5
Ear, eye and other sense organs	137	94.5	7	4.8	1	0.7	—	—	145	6.0
Cerebral haemorrhage ..	35	32.7	14	13.1	2	1.9	56	52.3	107	4.5
Heart and arteries ..	71	57.3	20	16.1	2	1.6	31	25.0	124	5.2
Veins and other circulatory diseases	42	85.7	4	8.2	1	2.0	2	4.1	49	2.1
Respiratory diseases ..	400	85.3	41	8.8	2	0.4	26	5.5	469	19.7
Digestive system	201	82.7	29	12.0	3	1.2	10	4.1	243	10.2
Genito-urinary system ..	181	90.0	15	7.5	1	0.5	4	2.0	201	8.5
Pregnancy and childbirth	33	86.8	3	8.0	2	5.2	—	—	38	1.6
Skin	281	92.1	15	4.9	6	2.0	3	1.0	305	12.8
Bones and joints (mainly rheumatism)	32	68.1	9	19.1	3	6.4	3	6.4	47	2.0
Injury	81	88.0	8	8.7	—	—	3	3.3	92	3.9
Other diseases or ill-defined	117	68.0	23	13.4	5	2.9	27	15.7	172	7.2
Total	1857	78.1	244	10.2	35	1.5	242	10.2	2378	100.0

Arising out of the above table it will be seen that approximately one tenth of the cases were admitted to hospital and that a similar proportion died—indications of the advanced age of the patients and of the degenerative nature of many of the illnesses. It will also be seen that proportionately high numbers of the tuberculosis, diabetes, cancer, mental and nervous disease, cerebral haemorrhage, and heart disease patients were ultimately removed to hospital or died at home. For the other disease groups where the conditions were less severe the recovery rate was high.

Reviewing the cases nursed over the age of 65 years it will be seen that the five most important disease groups were

MALES OVER 65 YEARS.

Cerebral haemorrhage.
Respiratory disease.
Digestive diseases.
Cancer.
Heart and arteries.

FEMALES OVER 65 YEARS.

Genito-urinary diseases.
Respiratory disease.
Heart and arteries.
Digestive diseases.
Cerebral haemorrhage.

The duration of treatment and number of visits paid to cases over 65 years of age was as follows:—

Disease	Total cases	TREATMENT		VISITS	
		Total days	Average No. of days	Total visits	Average No. of visits
Infectious diseases, etc.	14	162	11·6	144	10·3
Tuberculosis (all forms)	3	105	35·0	29	9·7
Cancer and other neoplasms	64	3246	50·6	2389	37·3
Diabetes	23	4680	20·3	5545	24·1
Mental and other nervous diseases ..	5	374	74·8	332	66·4
Diseases of ear and eye and other sense organs	6	76	12·7	69	11·5

Duration of treatment and number of visits to cases over 65 years continued:—

Disease	Total cases	TREATMENT		VISITS	
		Total days	Average No. of days	Total visits	Average No. of visits
Cerebral haemorrhage	86	5520	64·2	3738	43·5
Heart and arteries	76	2994	39·4	2043	26·9
Veins and other circulatory diseases ..	4	190	47·5	167	41·7
Respiratory diseases	102	3090	30·3	2462	24·1
Digestive system	80	1446	18·1	1161	14·5
Genito-urinary system	95	3214	33·8	2029	21·4
Skin	35	992	28·3	826	23·6
Bones and joints	10	2664	266·4	1816	181·6
Injury	32	1727	54·0	789	24·6
Other diseases or ill-defined	73	3845	52·7	2195	30·1
Total	708	34325	48·5	25734	36·3

The following table analyses the results of treatment of the cases aged 65 years and over:—

Disease	Recovered, relieved or convalescent		Admitted to hospital		Gone away etc.		Died		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infectious diseases, etc. ..	12	85·8	1	7·1	—	—	1	7·1	14	2·0
Tuberculosis (all forms) ..	1	33·3	—	—	—	—	2	66·7	3	0·4
Cancer and other neoplasms	21	32·8	10	15·6	2	3·1	31	48·5	64	9·0
Diabetes	11	47·8	8	34·8	2	8·7	2	8·7	23	3·2
Mental and other nervous diseases	1	20·0	1	20·0	—	—	3	60·0	5	0·7
Diseases of ear and eye and other sense organs ..	5	83·3	1	16·7	—	—	—	—	6	0·9
Cerebral haemorrhage ..	26	30·2	11	12·8	2	2·3	47	54·7	86	12·1
Heart and arteries	39	51·3	11	14·5	2	2·6	24	31·6	76	10·7
Veins and other circulatory diseases	1	25·0	1	25·0	—	—	2	50·0	4	0·6
Respiratory diseases ..	72	70·6	15	14·7	2	2·0	13	12·7	102	14·4
Digestive system	60	75·0	12	15·0	1	1·2	7	8·8	80	11·3
Genito-urinary system ..	81	85·3	10	10·5	1	1·0	3	3·2	95	13·4
Skin	28	80·0	2	5·7	2	5·7	3	8·6	35	5·0
Bones and joints	2	20·0	5	50·0	1	10·0	2	20·0	10	1·4
Injury	28	87·5	3	9·4	—	—	1	3·1	32	4·6
Other diseases or ill-defined	31	42·4	15	20·6	1	1·4	26	35·6	73	10·3
Total ..	419	59·1	106	15·0	16	2·3	167	23·6	708	100·0

As is to be expected when comparing the results of treatment of the cases in the over 65 years age group with those of the total cases nursed, the percentage of cases who died was 23·6 against 10·2 for the total cases, and of those removed to hospital, 15·0 as against 10·2. The corresponding reduction occurring in the convalescent or relieved group was 59·1 per cent. for the over 65 year group as against 78·1 for the total cases nursed. The visiting of cases in this group totalled 25,734 and equalled 51·1 per cent. of the total visits (50,310) paid to the 2,378 cases under this survey.

Turning now to the other end of life and reviewing the nursing of children under the age of 15 years, which is the next largest age group of cases, the following table gives details of the treatment and visits paid to the 653 patients:—

Disease	Total cases	TREATMENT		VISITS	
		Total days	Average No. of days	Total visits	Average No. of visits
Infectious diseases, etc.	103	736	7.1	727	7.1
Tuberculosis (all forms)	—	—	—	—	—
Cancer and other neoplasms	1	5	5.0	5	5.0
Diabetes	1	9	9.0	7	7.0
Mental and other nervous diseases	4	110	27.5	122	30.5
Diseases of ear and eye and other sense organs	89	600	6.7	691	7.8
Heart and arteries	—	—	—	—	—
Veins and other circulatory diseases	15	110	7.3	132	8.8
Respiratory diseases	244	1767	7.2	2423	9.9
Digestive system	41	386	9.4	276	6.7
Genito-urinary system	25	182	7.3	175	7.0
Skin	73	735	10.1	706	9.7
Bones and joints	5	19	3.8	35	7.0
Injury	17	168	9.9	146	8.6
Other diseases or ill-defined	35	309	8.8	343	9.8
Total	653	5136	7.9	5788	8.9

The average length of treatment was 7.9 days during which 8.9 visits were made, a ratio of 1.1 visits per day. This high ratio of visiting is due to the work of the children's unit, which specially deals with these cases. The results of the nursing treatment given in the table under the ages of under 1 year, 1 to 5 years, and 5 to 15 years, show that 607 cases equal to 92.9 per cent. recovered or were relieved or convalescent when nursing ceased; that 35 cases (5.4 per cent) were removed to hospital; and that four cases, who were all under one year of age (0.6 per cent) died. The remaining seven cases removed from the district whilst still under treatment.

Disease	Recovered, relieved, or convalescent			Admitted to hospital			Gone away etc.			Died			Total		
	-1	-5	-15	-1	-5	-15	-1	-5	-15	-1	-5	-15	-1	-5	-15
Infectious diseases, etc.	15	46	39	-	3	-	-	-	-	-	-	-	15	49	39
Tuberculosis (all forms)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cancer and other neoplasms	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
Diabetes	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Mental and other nervous diseases	1	1	-	1	-	-	-	-	-	1	-	-	3	1	-
Diseases of ear and eye and other sense organs	17	33	35	-	3	-	-	1	-	-	-	-	17	37	35
Heart and arteries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Veins and other circulatory diseases	3	8	3	-	-	-	-	1	-	-	-	-	3	9	3
Respiratory diseases	136	76	15	10	4	-	-	-	-	3	-	-	149	80	15
Digestive system	8	15	15	2	-	1	-	-	-	-	-	-	10	15	16
Genito-urinary system	11	9	3	2	-	-	-	-	-	-	-	-	13	9	3
Skin	13	18	38	1	-	1	1	-	1	-	-	-	15	18	40
Bones and joints	-	-	1	-	1	2	1	-	-	-	-	-	1	1	3
Injury	2	9	5	-	-	1	-	-	-	-	-	-	2	9	6
Other diseases or ill-defined	10	8	12	1	2	-	2	-	-	-	-	-	13	10	12
Total	216	224	167	17	13	5	4	2	1	4	-	-	241	239	173

The chief diseases affecting these children were in the respiratory group and were responsible for 244 cases. 3 of these children died and 14 were removed to hospital. Infectious diseases and conditions (103 cases), diseases of the ear, eye or other sense organ (89 cases), and skin diseases (73 cases), were the next three highest numerical groups of diseases treated. Of the children removed to hospital the chief reasons for admission were either for operation or for lack of the necessary nursing amenities in the homes of the patients. The children who died were only reported for treatment shortly before death.

Reviewing the next largest group, that of the cases nursed between the ages of 15 and 45 years, in all 588 cases or 24.7 per cent of the 2,378 cases under review, the details of the diseases and the duration of the treatment given is shown in the following table: —

Diseases	Total cases	TREATMENT		VISITS	
		Total days	Average No. of days	Total visits	Average No. of visits
Infectious diseases, etc.	62	460	7.4	621	10.0
Tuberculosis (all forms)	8	732	91.5	1090	136.2
Cancer and other neoplasms ..	17	331	19.5	392	23.0
Diabetes	3	144	48.0	143	47.7
Mental and other nervous diseases ..	—	—	—	—	—
Diseases of ear and eye and other sense organs	35	269	7.7	339	9.7
Cerebral haemorrhage	4	242	60.5	212	53.0
Heart and arteries	10	376	37.6	192	19.2
Veins and other circulatory diseases ..	18	190	10.6	167	9.3
Respiratory diseases	52	596	11.5	730	14.0
Digestive system	76	729	9.6	582	7.7
Genito-urinary system	41	585	14.3	326	7.9
Pregnancy and childbirth	37	466	12.6	516	13.9
Skin	133	1213	9.1	1358	11.9
Bones and joints	15	183	12.2	211	14.1
Injury	20	219	10.9	199	10.0
Other diseases or ill-defined ..	57	535	9.4	583	10.2
Total	588	7270	12.4	7661	13.0

It will be seen that each case received slightly more than one visit per day during the 12.4 days average duration of treatment. Visits to the majority of the cases treated fell below this figure, the chief exceptions being, as would be anticipated, those paid to the more chronic illnesses. The nursing of the maternity patients was undertaken on behalf of the District Midwives Service of cases of sepsis, abortion, etc. The nursing of normal maternity patients is not, of course, undertaken by the Home Nursing Service.

As would normally be expected of a review of this age group, almost 90.0 per cent. of the cases were recovered or convalescent when nursing ceased. Cases admitted to hospital equalled 6.3 per cent. and only 2.6 per cent died. Details of these results are given in the following table:—

Diseases	Recovered, relieved or convalescent		Admitted to hospital		Gone away etc.		Died		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infectious diseases, etc. ..	57	92.0	4	6.4	1	1.6	—	—	62	10.6
Tuberculosis (all forms) ..	—	—	3	37.5	1	12.5	4	50.0	8	1.4
Cancer and other neoplasms	10	58.8	1	5.9	—	—	6	35.3	17	2.9
Diabetes	1	33.3	2	66.7	—	—	—	—	3	0.5
Mental and other nervous diseases	—	—	—	—	—	—	—	—	—	—
Diseases of ear and eye and other sense organs ..	34	97.1	1	2.9	—	—	—	—	35	6.0
Cerebral haemorrhage ..	2	50.0	—	—	—	—	2	50.0	4	0.7
Heart and arteries ..	7	70.0	2	20.0	—	—	1	10.0	10	1.7
Veins and other circulatory diseases	16	88.9	2	11.1	—	—	—	—	18	3.1
Respiratory diseases ..	49	94.2	2	3.9	—	—	1	1.9	52	8.8
Digestive system	69	90.8	5	6.6	2	2.6	—	—	76	12.9
Genito-urinary system ..	40	97.6	—	—	—	—	1	2.4	41	6.8
Pregnancy and childbirth ..	33	89.2	2	5.4	2	5.4	—	—	37	6.3
Skin	124	93.2	7	5.3	2	1.5	—	—	133	22.6
Bones and joints	14	93.3	1	6.7	—	—	—	—	15	2.6
Injury	19	95.0	1	5.0	—	—	—	—	20	3.4
Other diseases or ill-defined	51	89.5	4	7.0	2	3.5	—	—	57	9.7
Total	526	89.4	37	6.3	10	1.7	15	2.6	588	100.0

It will be seen that the duration of treatment in the age group 45-65 years is 36.7 days, with an average number of visits of 25.9. Comparing this group with that of the previous group examined (15—45 years) the swing over to diseases of middle life and early old age is noticeable. Cases of cancer, diabetes, cerebral haemorrhage, heart and arteries, and respiratory disease all show an increase, whilst corresponding decreases occur in other diseases, noticeably in skin troubles, childbirth, and infectious diseases and conditions.

The analysis of the results of treatment follow : —

Disease	Recovered, releived or convalescent		Admitted to hospital		Gone away etc.		Died		Total	
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
Infectious diseases, etc. ..	13	81·2	3	18·8	—	—	—	—	16	3·7
Tuberculosis (all forms) ..	2	40·0	1	20·0	—	—	2	40·0	5	1·2
Cancer and other neoplasms	9	20·9	8	18·6	1	2·3	25	58·2	43	10·0
Diabetes	4	33·3	8	66·7	—	—	—	—	12	2·8
Mental and other nervous diseases	—	—	2	100·0	—	—	—	—	2	0·5
Diseases of ear and eye and other sense organs ..	13	86·7	2	13·3	—	—	—	—	15	3·5
Cerebral haemorrhage ..	7	41·2	3	17·6	—	—	7	41·2	17	4·0
Heart and arteries ..	25	65·8	7	18·4	—	—	6	15·8	38	8·9
Veins and other circulatory diseases	11	91·7	1	8·3	—	—	—	—	12	2·8
Respiratory diseases ..	52	73·2	10	14·1	—	—	9	12·7	71	16·5
Digestive system	34	73·9	9	19·6	—	—	3	6·5	46	10·7
Genito-urinary system ..	37	92·5	3	7·5	—	—	—	—	40	9·3
Pregnancy and childbirth	—	—	1	100·0	—	—	—	—	1	0·2
Skin	60	93·8	4	6·2	—	—	—	—	64	14·9
Bones and joints	15	88·2	—	—	1	5·9	1	5·9	17	4·0
Injury	18	78·3	3	13·0	—	—	2	8·7	23	5·4
Other diseases or ill-defined	5	71·4	1	14·3	—	—	1	14·3	7	1·6
Total	305	71·1	66	15·4	2	0·5	56	13·0	429	100·0

The decrease in the number of cases who recovered or were relieved or convalescent, compared with the earlier age groups in life, is more apparent, with corresponding increases in the percentages of cases removed to hospital or who died. The deaths amongst cancer cases is noticeable.

The remaining group, that of the cases aged 45 to 65 years, is now dealt with. The details of the duration of the nursing and visits paid to the 429 cases is given below: —

Disease	Total cases	TREATMENT		VISITS	
		Total days	Average No. of days	Total visits	Average No. of visits
Infectious diseases, etc.	16	514	32·1	635	39·7
Tuberculosis (all forms)	5	760	152·0	485	97·0
Cancer and other neoplasms	43	2789	64·9	1927	44·8
Diabetes	12	1075	99·6	1013	94·4
Mental and other nervous diseases ..	2	745	372·5	242	121·0
Diseases of ear and eye and other sense organs	15	107	7·1	143	9·5
Cerebral haemorrhage	17	1490	87·6	680	40·0
Heart and arteries	38	2538	66·8	1647	43·3
Veins and other circulatory diseases ..	12	188	15·7	159	13·2
Respiratory diseases	71	1050	14·8	1195	16·8
Digestive system	46	562	12·2	414	9·0
Genito-urinary system	40	341	8·5	248	6·2
Pregnancy and childbirth	1	6	6·0	12	12·0
Skin	64	733	11·4	785	12·3
Bones and joints	17	1748	102·8	855	50·3
Injury	23	988	43·0	610	26·5
Other diseases or ill-defined	7	93	13·3	77	11·0
Total	429	15727	36·7	11127	25·9

Surveying the duration of treatment given to the several age groups and the number of visits paid to such cases the following summary is of interest: —

Age group	Cases	TREATMENT		VISITS		Ratio of visits per day
		Total days	Average No. of days	Total visits	Average No. of visits	
Under 1 year	241	2027	8·4	2366	9·8	1·2
1-5 years	239	1766	7·4	2054	8·6	1·2
5-15 years	173	1343	7·8	1368	7·9	1·0
15-45 years	588	7270	12·4	7661	13·0	1·05
45-65 years	429	15727	36·7	11127	25·9	0·7
Over 65 years	708	34325	48·5	25734	36·3	0·7
All cases	2378	62458	26·3	50310	21·1	0·8

The average duration of treatment of cases under the age of 15 years was 7.9 days; between the ages of 15 to 45 years it was 12.4 days; between 45 and 65 years it was 36.7 days; and it further increased to 48.5 days for the cases aged over 65 years. The ratio of visits per day was 1.1 in the cases under 15 years and this decreased to 0.7 in the over 65 years group.

The percentages of the results of treatment over the same age groups were:—

Age group	Recovered, relieved or convalescent		Admitted to hospital		Gone away etc.		Died		Total cases
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	
Under 1 year	216	89.6	17	7.0	4	1.7	4	1.7	241
1-5 years	224	93.7	13	5.5	2	0.8	—	—	239
5-15 years	167	96.5	5	2.9	1	0.6	—	—	173
15-45 years	526	89.4	37	6.3	10	1.7	15	2.6	588
45-65 years	305	71.1	66	15.4	2	0.5	56	13.0	429
Over 65 years	419	59.1	106	15.0	16	2.3	167	23.6	708
All cases	1857	78.1	244	10.2	35	1.5	242	10.2	2378

The percentage of cases under the age of 15 years who recovered or were relieved or convalescent when treatment ceased was 92.9 per cent; between 15 and 45 years it was 89.4; between 45 and 65, 71.1; and in cases over 65 years of age 59.1. At the same time the percentages of cases who died or were admitted to hospital rose in the reverse proportion. The percentage of cases under 15 years who died was 0.6; 15—45, 2.6; 45—65 years, 13.0; and over 65 years, 23.6; whilst the percentage of cases admitted to hospitals were, for the under 15 years group, 5.4; 15—45 years, 6.3; 45—65 years, 15.4; and for the over 65 years group, 15.0.

In this first survey it is realised that this sample amounting to 2,378 cases does not attempt to give a picture of the incidence of disease groups throughout the borough, but it is expected that annual fluctuations in future years will give some indications of incidence which will prove of value.

In conclusion, thanks are due to the Nursing Sub-Committee for their ready reception and consideration of the several suggestions for the improvement of the service during the past year; also to the donors of the many gifts which have been received during the year, and duly acknowledged. Special mention should be made of the Women's Institute, Silverdale, New Zealand, for food parcels; Christchurch Hospital, New Zealand, and the Church of England, Napier, for large consignments of children's woollies and adult clothing; the Women's Section of Maltby Toc H, for knitted woollies and for making pillow cases, etc.; the Rotherham D.N.A. Benevolent Fund, the Rotary Club, Inner Wheel, and Distaff Club, for gifts of money for comforts for patients, convalescent treatment, and nourishment.

VACCINATION AND IMMUNISATION.

VACCINATION.

During the year records were received of 461 persons who were vaccinated or re-vaccinated. Details of these are given in the following table:—

		Under 1 year	1 to 4 years	5 to 14 years	15 years or over	Total
Vaccinations	...	327	36	11	36	410
Re-vaccinations	...	2	2	4	43	51

Of these the records of 209 persons were received from twenty-three private medical practitioners and the remainder from the Corporation's medical officers at the various clinics in the borough.

IMMUNISATION—DIPHTHERIA.

No change was made during 1950 in the arrangements for immunisation. Fixed clinic sessions were held at Ferham House and Cranworth Road Centres, and facilities were also available at any child welfare or school clinic session.

863 children under 5 years of age and 157 between 5 and 15 years, a total of 1,020 children, were immunised; and 655 children received reinforcing doses. 249 records of immunisations were received from 29 private medical practitioners, the remainder being carried out by the Corporation's medical staff at clinics and schools.

At the end of the year the position in Rotherham regarding immunisation in relation to the child population was as follows:—

Age groups		Estimated mid- year population	Immunised at year end	Percentage immunised
Under 5 years	...	7854	3451	43.9
5-14 years (inclusive)	...	12530	9766	77.9
		—	—	—
	Total	20384	13217	64.8
		—	—	—

These figures represent a slight percentage increase when compared with those of the previous year, the percentages then being 44.7, 77.7, and 64.7 respectively.

In the 5-14 years age group, 3,251 children had received stimulating doses by the year end. This represents 25.9 per cent. of the immunised children in that group.

The numbers of children immunised at the end of the year, divided into age groups according to the year of birth, are:—

1936— 823	1941— 902	1946— 857
1937—1013	1942— 931	1947—1027
1938— 918	1943—1025	1948— 913
1939—1024	1944—1280	1949— 596
1940— 929	1945— 921	1950— 58

During 1950, only 5 cases of diphtheria occurred in the borough, making the lowest annual figure on record. All were in the 5 to 9 years age group and none had received a course of immunisation. There was no death from diphtheria during the year.

WHOOPING COUGH.

In the main, protection against this disease is given at the same time as diphtheria by the use of diphtheria-pertussis vaccine. 719 children received injections of this vaccine and 14 received whooping cough vaccine, making a total of 733 children immunised during 1950.

At the end of the year there were 2,717 children under the age of 15 years who had been immunised against whooping cough.

During the year 1950, 240 notifications of this disease were received and, of these, 18 children under the age of 6 years had previously received protective courses of injections. The time elapsing between the final injection and the diagnosis that the child was suffering from whooping cough varied from 13 days to over two years, with an average period of 18 months. It is as yet too early to pass any comment on these figures. No deaths occurred from this disease during the year.

AMBULANCE SERVICE

The Ambulance Service continued to function as a joint service with the Fire Brigade as in previous years and was operated from the Fire Station, Erskine Road, Rotherham.

In June 1950 an amendment of the approved scheme under Section 27 of the National Health Service Act, 1946, was approved by the Minister of Health so as to permit an increase of personnel employed over 24 should this be found necessary. The arrangements with the neighbouring authorities of the City of Sheffield and the West Riding County Council for the interavailability of the ambulance services were revised and continued throughout the year. Constant supervision was exercised in co-operation with the hospital authorities and the medical practitioners in an endeavour to avoid unnecessary journeys.

Replacement of ambulances during the year included a 24 h.p. Morris Ambulance, a 27 h.p. Bedford ambulance with body and internal fittings by Lomas, and a 27 h.p. Bedford Transit Ambulance which is designed in the main for sitting cases and will carry 10 sitting patients. When converted it may, if necessary, be used as an emergency ambulance. At 31st December, 1950, six ambulances and four sitting case cars were in service and the whole time personnel of drivers and attendants was 11. These are assisted as necessary up to a total of 13 firemen

The statistics for the year 1950 are as follows:—

	Ambulances	Cars	Total
Total number of journeys made	4178	6880	11058
Number of accident and other emergency journeys included in the above	1482	642	2124
Total number of patients carried	5627	17356	22983
Total mileage	42269	77358	119627

PREVENTION OF ILLNESS, CARE AND AFTER CARE.

HOSPITAL LIAISON.

At the commencement of the year, liaison with the local hospitals was established only in respect of maternity admissions (in accordance with pamphlet S.R.H.B. (48) 14); with the paediatric clinic and children's wards at Moorgate General Hospital; and in supplying hospital authorities with reports on home conditions (Forms A) in respect of children, the tuberculous, and the aged and chronic sick.

Liaison with hospitals in the Sheffield group continued much as in previous years in supplying background information to almoners and in following up on discharge such patients as were referred back by almoners. The latter group consists mainly of cancer clinic patients undergoing radiotherapy treatment and children admitted to the Sheffield Children's Hospital.

During 1950, there has been considerable expansion in liaison with the local hospitals. In developing this function, the policy has been rather different from that adopted by the West Riding Health Authority.

In Rotherham, one health visitor has not been seconded to perform liaison duties at all the local hospitals, as is the case with the County authority, but one health visitor has been attached to one department of a hospital.

Whilst this means that several visitors in fact now visit the same hospitals it is the same health visitor who calls on a specific department and therefore continuity of function is maintained. It is considered that, in sharing out the hospital duties, the interest of many more health visitors is maintained in the hospital service and yet the individual health visitor is not withdrawn from her normal duties and contacts, and is less likely to lose her special skills.

The merging of the interests of the field workers and the hospital workers is eminently desirable and the more both are brought into personal relationship the better will be the service rendered.

The expansion in the liaison service during 1950 has been as under:—

PAEDIATRIC CLINIC—MOORGATE GENERAL HOSPITAL.

From 10th January, local health authority medical officers have attended in turn each session of the clinic and visited the children's ward with the consulting paediatrician. Miss Patterson, health visitor, has also visited this department weekly and reports as follows:—

Number of clinics attended	...	...	...	...	...	...	48
Number of children seen	...	...	...	...	...	...	268
Number of attendances:—				Under 5 years		School children	
Rotherham	...	...	...	...	349		56
West Riding	...	...	...	...	298		30

A weekly report on West Riding children seen at this clinic has been sent to the medical officer of the Division from which the children came since the West Riding health visitor does not attend this clinic.

The following special references have been made in respect of children seen:—

ROTHERHAM CHILDREN.

Ophthalmic clinic	...	...	...	1
Home help	...	...	...	1
Orthopaedic clinic	...	...	...	1
Physio-therapist	...	...	...	3
Home nurse	...	...	...	2
Child guidance clinic	...	...	...	1
E.N.T. clinic	...	...	...	2
School M.O. for intelligence test	...	...	...	3
School teacher	...	...	...	1

Health visitor:—

After-care	...	...	...	3
Environmental reports	...	...	...	2
Infant feeding	...	...	...	6

WEST RIDING CHILDREN.

Dental treatment	...	...	...	1
Convalescence	...	...	...	2
School attendance				
(P.T. and games)	...	...	...	1
Open-air school	...	...	...	2
Health visitors:—				
Environmental reports	...	...	...	4
Infant feeding	...	...	...	2

Liaison with the paediatric clinic has been useful in passing information of home conditions to the paediatrician by means of personal contact and discussion, as well as by written reports from individual health visitors and in keeping health visitors informed of the condition and progress of children needing special supervision.

The work of health visitors and of the premature baby nurse has been more effective as a result of information received and the factual reports of health visitors have been an aid to the paediatrician where hitherto he had to depend on hear-say reports of perhaps over anxious mothers.

The supervision of the premature baby and convalescent child needing extra care after discharge, which was afforded by the premature baby nurse appointed by the Local Health Authority in August 1950, has been helpful in the work of the paediatric clinic. The nurse has been able to give day to day reports on infants referred to her under this supervision, and breast feeding has been fostered. The help given to the mothers at these difficult times has been much appreciated by the mothers concerned.

THE CHEST CLINIC AND OAKWOOD HALL SANATORIUM.

A local health authority clinic nurse has attended the clinic throughout the year. No further liaison was established during 1950 but since the opening of Chatham Villa a health visitor has been seconded to these departments.

THE VENEREAL DISEASES CLINIC.

The follow-up of women defaulters, referred by the physician in charge, has been continued by the Health Authority's social worker, Miss Casey.

THE MATERNITY DEPARTMENT, MOORGATE GENERAL HOSPITAL.

From 16th February, a weekly visit to these wards has been paid by Miss Osborne who reports as follows:—

Number of ward visits paid 44	Number of mothers interviewed ... 440
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The following special references were made for after-care:—

Difficult feeders (babies) needing supervision 23	Epileptics and mental defectives ... 3
Complications of lying-in i.e. pyrexias, thrombosis, suppression of urine, etc. 11	Social problems 2
Difficult births 24	Home helps 2
Abnormal presentations 10	Housing problems 4
Rhesus negative blood groupings ... 38	Social worker 4
Caesarian births 6	Adoption 3
	Family planning 2

Four problems were also referred to the West Riding health visitor.

THE CHILDREN'S WARD, MOORGATE GENERAL HOSPITAL.

Visits made 43

These visits were made to discuss with the ward sister any difficulty or unsatisfactory condition of children or environment, especially with reference to the discharge of children.

Special references were made to the undermentioned:—

Housing Department.

Children's Officer.

Follow-up of children discharged to poor homes.

Contact with health visitors on re-establishing breast feeding.

Contact with premature baby nurse.

THE CHRONIC SICK WARDS, MOORGATE GENERAL HOSPITAL.

The visiting of this Department commenced on the 16th December, 1950 and Miss Bates has paid 2 visits per week up to the end of the year. During December, a survey of the background of all patients in care was made to assist the medical superintendent in the classification of the patients prior to the setting up of the geriatric service by the Hospital Management Committee. This was an interesting piece of work and

proved the long term stay of some of these patients, the homelessness of others, and the need for more hostel or other accommodation for the ambulant aged if a "turn-over" in the use of hospital beds for the aged sick is to be accomplished.

Case work on behalf of some of these patients was undertaken and three blind persons were registered.

GENERAL MEDICAL AND SURGICAL WARDS.

Visits were paid to individual patients who had domestic or other problems and much help was given by the West Riding health visitor in passing on information concerning such patients in these wards not visited systematically by a Borough visitor.

The orthopaedic registrar referred two homeless long term stay rheumatoid arthritis patients as fit for discharge if a suitable home could be found for them. One of these patients has been suitably placed and the other is still under treatment.

PREMATURE BABY NURSE.

The local health authority appointed Mrs. Shepherd in July and, through the courtesy of the Hospital Management Committee and the staff of the paediatric department of Moorgate General Hospital, she spent her first two weeks on duty at the premature baby unit at that hospital. By this contact, Mrs. Shepherd was enabled to take into the homes the techniques of the hospital.

During 1950, 58 premature babies whose mothers normally resided in Rotherham were born in hospitals or National Health Service maternity homes.

From August to the end of the year the premature baby nurse took into her care 20 of these babies on discharge from hospital and paid to them 346 visits out of a total of 552 paid to premature and weakly infants generally.

She is in daily contact with the maternity department and the children's ward of Moorgate Hospital and receives information on proposed discharges, on the feeding of infants, and on any difficulty which may have arisen in the management of the child.

Her reports to the paediatrician have been welcomed.

FIELD WORK OF AREA HEALTH VISITORS.

The field work in after care has been performed by the area health visitors and in resolving the many problems presented they have made use of many of the services of the local authority, of government departments, and of voluntary bodies able to assist in the solution of any particular difficulty.

Family strains appear to be precipitated when the mother of a young family is admitted to hospital and equally so when the aged and chronic sick are considered fit for discharge. The social services provide adequately for the former. A home help can be arranged, residential nursery or day nursery accommodation can be obtained, and the home can then be carried on without so much stress.

The after care of the aged is not so easy of solution. The effect of recent legislation has created as well as resolved some of the problems of the aged sick.

The following is a report of the care and after-care work of the area health visitors:—

Hospital maternity booking:—				Aged and chronic sick:—			
1st enquiries (Form O.P.M.9)	...	...	293	Visits to individual patients in			
Revisits	...	...	26	hospital	...	...	10
Follow-up visits to hospital				Ward visits paid from 16th			
maternity patients after dis-				December, 1950	...	...	4
charge	...	...	522	Bed bureau enquiries and hospital			
General care and after-care:—				survey visits	...	...	22
1st visits	...	...	62	Contacts with other agencies in			
Revisits	...	...	23	Care and after-care of the sick			90
Hospital follow-up visits paid to				Care and after-care of children			277
patients other than children:—				Care and after-care of expectant			
1st visits	...	...	318	and nursing mothers	...	...	126
Revisits	...	...	181	Follow-up of defaulters, V.D. Clinic			8
Hospital follow-up visits paid to							
children:—				Social enquiries for almoners	...		29
1st visits	...	...	414				
Revisits	...	...	248				

The Rotherham health visitors would like to express their thanks to all those members of hospital staffs with whom they have come in contact during the years for the welcome which has been extended and for the help given. The work in after-care offers scope for real service to the community but success depends on the friendly co-operation of staffs both within and outside the hospital service.

SAMPLES OF CASE WORK IN CARE AND AFTER-CARE.

(A) Aged 11. Discharged from sanatorium to the charge of an aged grandmother. It was found that the child's mother, a widow, was a patient at the Middlewood Hospital. Grandmother stated that she was receiving no maintenance for the child who required a protein + diet in view of her illness. The health visitor got in touch with the Children's Officer about the paying of a boarding out allowance for the child and with the Tuberculosis Care Committee for a grant of milk. A boarding out allowance was obtained for the child and the Care Committee granted two pints of milk per day.

(B) Aged sick. Home enquiry (Form A) made for the hospital on the admission to hospital. Patient had lost his wife and the home was in a dirty state. Hospital authorities were asked to defer his discharge until the home had been cleaned up and prepared for the reception of the patient. Home help called for this purpose and thereafter attended a few hours weekly. This type of case has been repeated many times.

(C) Bed Bureau waiting list. A request from the bureau to check up on the needs of this old lady for hospital admission was received. The health visitor knew the old lady well and the reply stated "this lady is not bedridden but is actually homeless and has been re-admitted to The Mount from which she repeatedly takes her discharge and imposes on friends and acquaintances in the district for short periods. She is not requiring hospital accommodation at present and there are no powers to keep her permanently in The Mount. In view of her circumstances and advancing age—82 years—she will, in probability, be needing care at some later date."

(D) This patient had been in hospital for seven years and arrangements for her discharge were made. She had very little clothing and the health visitor called on the area officer of the National Assistance Board on her behalf. The Board's maximum allowance for clothing was obtained.

(E) A letter was received from a hospital stating that relations had been asking for the admission to hospital of this aged person and enquiring if conditions could be investigated by the health visitor with a view to her removal to the hospital. The health visitor took the case up and contacted the area officer of the National Assistance Board and interviewed relatives. The lady did not require hospital accommodation and it rather appeared that relatives coveted the tenancy of her home. She has remained in possession and a home help has attended her.

(F) This child was the son of an unmarried mother who was tuberculous. The mother had a streptococcal infection of the throat and the child developed a mastoid abscess. He was admitted to hospital and whilst there the health visitor got in touch with the Children's Officer who agreed to accept the child into a residential nursery when fit for discharge. This was done.

(G) This child had been a patient and was discharged well. In a very short time the health visitor found him failing in health and urged the mother to attend the hospital paediatric clinic. In the paediatrician's opinion the child was suffering from neglect and as it could not be construed as wilful, since the mother was known to be mentally defective, the health visitor got in touch with the Children's Officer who arranged to accept him in a residential nursery when fit for hospital discharge.

(H) This child had been in hospital with general malnutrition, attended the paediatric clinic, and was re-admitted to hospital for investigation ?T.B. Home conditions were poor and overcrowded and the child's condition was attributed to this. The health visitor got in touch with the Housing Manager and found that rehousing was pending. The hospital authorities agreed to retain the child until this was accomplished.

HEALTH SERVICES BUREAU.

This is the second full year's report on the bureau, and it is pleasing to record that during this period its activities have been well maintained. Its original object of giving general information on the health services has been of much benefit and the early questions of "How to get glasses," "How to get dental attention," and "Changing doctors" have to a large extent been replaced by more serious personal problems largely associated in some way with ill-health.

The necessity of having a central office to which the public can call or be directed is now proved beyond any doubt. Often cases are dealt with after having been referred from one office to another, finally to arrive at the bureau to have their problems settled. It is the aim of the bureau to assist in a practical way and not merely to be a "sign-post." To be satisfied to refer people to another office, without the knowledge that it is the right place, is to defeat the object of assisting them.

The bureau has contact with all the health services of the district and vice versa, with the result that a mutual transmission of enquiries and information exists. This is most useful as much new light can often be thrown on obscurities.

It is impossible to itemise cases, but the summary at the end of this report outlines the variety dealt with and proves the necessity for the staff to be fully conversant with social services and legislation.

In addition to giving information and advice another most important work, namely that of health education and publicity, is undertaken; and here much progress has been made.

In May new premises were taken for the bureau, in a very central situation and having easy access and a shop window. These are most essential to work of this nature as they enable publicity material and displays to be more easily shown to the public. Every endeavour is made to keep subjects topical, and one finds that much interest is shown in educational displays, especially if tangible and concise matter is used. Displays already staged include: Coughs and Sneezes, Measles, Care of the Feet, Chest Radiography, Clean Food, General Health Services, Home Safety, Diphtheria Immunisation, Vaccination, and Poliomyelitis; and it is always the positive side of health that is stressed.

Free distribution of health education pamphlets is also made. These are very popular and seem to arouse much interest.

Talks to various organisations in the town are given, often illustrated by a film strip projector.

General publicity is also arranged at clinics and business premises in the town, and the co-operation of tradespeople is excellent. There is great scope in this field for further development as soon as money and labour permit. This might include the introduction of health publicity into works and other places of employment, the greater use of visual aid publicity by suitable films, not only at the bureau and at local cinemas but at other places of entertainment, and by even closer co-operation with the local tradespeople to arrange for the enclosure of health publicity pamphlets with their purchases.

Also centred on the bureau is the loan of nursing appliances for use in patients' own homes, and all types of equipment are kept in stock. Requests for the loan of these come mainly from the Home Nursing Service and from doctors. It is regretted, however, that, although in the majority of cases appliances are returned promptly after use, some people neglect this duty and responsibility, causing much work to the staff in the matter of collection.

The bureau has now become well established and fulfils a useful function in the Health Department service. It is, indeed, rapidly coming to be recognised as part of the normal life of the Borough.

Whilst figures cannot show the full extent of the work owing to the different length of time necessitated by different cases the fact that 5,028 enquiries were made in 1950 gives some indication of the use made of the bureau by the public.

An analysis of these is given in the following tables:—

LOCAL AUTHORITY HEALTH SERVICES.

Home help	...	...	...	199
Convalescence	...	...	...	341
School and child welfare	...	...	...	57
Sanitary matters	...	...	...	49
Nursing appliances	...	...	...	2028
Tuberculosis	...	...	...	18
Ambulance	...	...	...	43
Midwifery	...	...	...	8
Nursing	...	...	...	15
Immunisation	...	...	...	18
General health matters	...	...	...	51
Blind welfare	...	...	...	92
Social worker	...	...	...	35
Housing	...	...	...	53
Posters and pamphlets	...	...	...	110
Window display	...	...	...	60
Care and after care	...	...	...	24
School meals	...	...	...	16
Welfare, old people	...	...	...	6

3223

HOSPITAL AND SPECIALIST SERVICES.

Appliances:—

Surgical	...	...	...	77
Deaf aids	...	...	...	117
Wigs	...	...	...	9
Specialists fees, etc.	...	...	...	3
Travelling	...	...	...	10
Appointments	...	...	...	4
Sundry enquiries	...	...	...	17
Chiropody	...	...	...	15
Chest radiography	...	...	...	6
Blood donors	...	...	...	6
V.D. Centre	...	...	...	4
Spa treatment	...	...	...	6
Overseas hospital treatment	...	...	...	2

276

GENERAL.

Assistance Board	...	...	70
Location of offices	...	...	126
Advice re-employment	...	...	32
Forms completed	...	...	13
General assistance and sundries			531
Civil defence	...	...	52
Thanks	...	...	11
Addressing meetings	...	...	8
Marriage Guidance Council	...		6
Legal aid	...	...	3
Accommodation	...	...	13
Cancer research	...	...	2
Forces recruiting	...	...	1
			—
			868
			—

EXECUTIVE COUNCIL SERVICES.

Dental lists, benefits, etc.	...	...	51
Optical lists, benefits, etc.	...	...	59
Medical lists, benefits, etc	...	...	37
Medical cards	...	...	30
Forms E.C.1 and completion	...	...	11
Change doctor	...	...	28
Chemists open	...	...	4
			—
			230
			—

NATIONAL INSURANCE ACT.

Benefit enquiries:—

Sickness	...	...	34
Maternity	...	...	159
Death	...	...	20
Widows	...	...	10
Compensation and disability pension	...	...	17
Retirement and old age pension			25
Unemployment pay	...	...	1
Domestic worker	...	...	1

Special insured classes:—

Married women	...	...	11
Students	...	...	3
Self employed	...	...	11
Non employed	...	...	4
Industrial injuries	...	...	8
Sick notes	...	...	7
National insurance numbers	...		4
Insurance cards	...	...	13
Record cards	...	...	4
Stamp arrears	...	...	24
T.T. training	...	...	1
Juvenile employment	...	...	46
Forms completed	...	...	7
F.A.M. allowance	...	...	15
General	...	...	6
			—
			431
			—

SUMMARY.

	Total	Per cent.
Local Authority Health Services	3223	64.10
Hospitals	276	5.49
Executive Council	230	4.58
National Insurance	431	8.57
General	868	17.26
	—	—
Total	5028	100.00
	—	—
Number of people making enquiries	...	4938

DOMESTIC HELP.

There is no doubt that the Home Help Service is supplying a very real need in the community, but in many cases, particularly of the aged and chronic sick, there is a tendency for relatives to try to shift their responsibilities on to the home help scheme. It is distressing to see this tendency arising, and so, in the conduct of the home help scheme, it is always necessary to encourage families to turn first of all to their own resources, if such are available. Every application for home help assistance has been dealt with according to its special needs.

MATERNITY.

It is gratifying to note that, whilst the cases in this group have not increased as expected, no application has been refused. The 50 per cent. reduction on assessment has been appreciated by mothers concerned but has not stimulated the call on the service. It appears that, in the case of maternity, mothers are more able to find domestic help for this short period.

SICK CHILDREN.

Here again little use has been made of the service because usually a mother finds that with the help of a relative or neighbour she is able to manage without outside assistance.

TUBERCULOSIS.

Only volunteer helps are allocated to these cases, yet all demands have been met. Before taking up duty with tuberculous cases the home helps are medically examined and X-rayed, and further re-examinations are made every three months.

AGED AND CHRONIC SICK.

It will be noticed from the figures given in this report that it is amongst this group that the Home Help Service has rapidly expanded. The aged and infirm living by themselves are usually very lonely, and one of the most important aspects of the service for elderly people is the companionship which the home help can give to friendless old people. They feel that they are not forgotten and that they have a friend in their home help to whom they can turn for advice and comfort. Home helps often become very attached to the old people they serve, and many of them do a considerable amount of voluntary work in addition to the time for which they are paid. Most important of all, and the reason why the Home Help Service for the aged sick will extend further, is the fact that it enables old people to stay in their own homes and removes the fear

that haunts so many of the aged that, if their health fails and their homes become dirty, they will be removed to hospital, where they will be forced to spend the last years of their lives.

DOMESTIC CRISIS.

It is considered that the disintegration of the family might be prevented by home helps being in service to give assistance over very difficult periods, but as yet this aspect of the work is still in the experimental stage.

REHABILITATION.

There appears to be scope for home helps to work with problem families where they might not only be responsible for household duties but might also try to educate the mother and the father to be useful citizens. Careful selection of the home help is necessary and she needs to have sympathy, understanding, and firmness, to enable her to help the family and teach them a sense of social responsibility. This work is also in its infancy.

NIGHT SERVICE.

This service has recently been organised and is an extension to the Home Help Scheme. It is generally intended to give periodic help for two nights in any one week to relieve the strain put upon the relatives of sick people, but where anyone is living entirely alone without relatives then help can be supplied each night until hospital accommodation can be given.

The function of a night help is to go into a home to attend to the needs of the sick, not as a qualified nurse but to do what a relative would do for a person who is sick. Before being accepted on the service, night helps receive instruction in the elements of bedside toilet of the sick.

Since the inauguration of the service in August 1950, approximately 400 hours have been given.

DIRTY HOMES.

Unfortunately, although one is able to select home helps, one is not in a position to choose the households to which they should be sent.

It is not reasonable or fair to send one home help to tackle a dirty home alone. Two home helps are now sent together to such cases, and there is no difficulty in getting volunteers because home help work is a lonely sort of job and helps readily take advantage of the opportunity to work together. They make a joke of the difficulties and take a pride in transforming a dirty miserable house into a clean comfortable home. It

may be objected that two home helps attending one case double the cost to the Council. This is not so; instead of giving one home help 40 hours work on such a case, two home helps will only require 20 hours each to achieve the same results. When the home is clean, one home help is sent to the home for a few hours a week to prevent the home conditions deteriorating again.

RECRUITMENT.

There is a steady flow of recruits but it is becoming increasingly difficult to find the right type of woman for full time work. It will be appreciated that in most cases when a woman can give full time she prefers to go into factory work because this is a change from her usual domestic duties, and therefore the service depends in the main upon women who can give a few hours a day. Whilst the number of recruits interviewed appears high to the number accepted the reason is that a very high standard is required for the service; also a high percentage of those rejected were women with very young children and it is not advisable to accept these for employment as home helps.

MONTHLY BUSINESS MEETING.

All complaints and problems are discussed, and by this method the need for more drastic action is averted and happy relationships established.

HOME HELPS' SOCIAL CLUB.

The club is run by an elected committee of home helps under the chairmanship of the Organiser. The committee meets regularly and draws up a programme of events. The activities include musical evenings, pantomime trips, etc.

Badges were presented to the home helps by Alderman Buxton and Dr. Barr at the second Annual Dinner held in 1950.

ANALYSIS OF HOMES SERVED.

Type of case	Brought forward		New cases	Total
	from 1949			
Maternity ... ..	...	9	133	142
Sick children ... ..	...	—	3	3
Tuberculosis ... ..	...	2	5	7
Other sickness ... ..	...	19	97	116
Old age ... ..	...	62	122	184
Domestic crises ... ..	...	—	2	2
Rehabilitation ... ..	...	—	1	1
		—	—	—
	Total	92	363	455
		—	—	—

15 patients were given night help service.

ANALYSIS OF HOURS OF SERVICE.

Type of case	Hours Day	Hours Night	Hours Total
Maternity	14840	—	14840
Sick children	4400	—	4400
Tuberculosis	2001	80	2081
Other sickness	20150	16	20166
Old age	36810	296	37106
Domestic crisis	264	—	264
Rehabilitation	94	—	94
Total	78559	392	78951

ANALYSIS OF RECRUITMENT.

Brought forward from 1949	62
Home helps employed each week	64

Whilst it would appear from the figures above that there is only an increase of two home helps, it should be noted that the 1949 figure differs from the 1950 figure in this respect, that of the 62 on the 1949 panel only 32 were employed each week, the others being women ready to be called upon when required; whereas the 64 now employed are actually working each week, so that there is an increase of personnel of 32.

The Home Help Service was intended only to give temporary domestic help in an emergency, but its functions have developed and a much wider view is being taken that longer periods are necessary.

Its values are manifold—physical, mental and sociological. In the case of the lying-in mother the services of a home help prevent her from prematurely resuming her domestic duties which might lead to later gynaecological troubles. Where there is a history of previous miscarriages the employment of a home help may well be a possible factor in helping to prevent a recurrence.

In relation to hospital accommodation the home help is also of very great value. Every hospital is faced with an acute shortage of beds and with the home help in the home it often means that a patient need not go into hospital or that his return home sooner than otherwise can be achieved.

Finally, the service enables husbands to continue working and children to be kept at school, and, most important of all, it brings peace of mind to patients, who know that if they have a home help in attendance all will be well with the household.

MENTAL HEALTH.

The year 1950, so far as the local health authority's mental health services are concerned, was one in which the Council's scheme under the National Health Service Act was developed and consolidated. Probably the most noticeable development was the extension of training facilities for mental defectives and certainly the most regrettable feature the extreme difficulty in securing hospital accommodation for both the mentally sick and the mentally defective.

MENTAL DEFICIENCY ACTS.

(A) DEFECTIVES UNDER INSTITUTIONAL CARE

The following table shows the placing of Rotherham defectives under Order in institutions or on licence from such institutions at the end of 1950:—

	Resident		On licence leave	
	Male	Female	Male	Female
St. Catherine's Institution, Doncaster	28	34	4	3
Stoke Park Colony, Bristol ...	2	1	—	—
Whittington Hall, near Chesterfield ...	—	5	—	1
Grenoside Hospital, near Sheffield ...	9	—	—	—
Aston Hall, near Sheffield ...	—	2	—	—
Victoria Hospital, Mansfield ...	1	—	—	—
Fir Vale, Sheffield ...	—	1	—	—
Thundercliffe Grange, Rotherham ...	—	1	—	—
Rampton Hospital, near Retford ...	5	—	—	—
Moss Side Hospital, near Liverpool ...	1	—	—	—
	—	—	—	—
	46	44	4	4
	—	—	—	—

In total the number of cases under Order remains (at 98) the same as at the end of last year. New admissions to institutions during 1950 totalled 6: 4 on Orders made by judicial authorities following the presentation of petitions by officers of this department, one under an Order made by the Court under Section 8 of the 1913 Act, and one under an Order made by the Secretary of State under Section 9 of the principal Act. Three Rotherham patients were discharged from Order under the Mental Deficiency Acts during the year, one man and one girl following successful licence leave and the remaining case (male) because the consideration of his continued detention was not possible in that he had absconded from home during a short leave and his whereabouts had not since been traced. A number of transfers between institutions were effected during the year, mainly from St. Catherine's to Grenoside. This follows the policy of the Regional Hospital Board to move older, less active and non-troublesome male defectives to Grenoside and so vacate accommodation at St. Catherine's for younger defectives whose condition is capable of improvement.

Trial periods of licence leave were granted in two cases (one male and one female) from St. Catherine's during the year under review and were continuing satisfactorily at the year end, but in two other cases (one male and one female) licence leave was cancelled because of misconduct, the defectives being returned to institutional care. In all other cases of defectives on licence leave from institutions at the end of 1949, extensions of leave were granted and the process of readjustment to normal social life in the community was continuing satisfactorily at the end of 1950.

Whilst the supervision of defectives on leave of absence on licence from institutions is in strict theory the duty of the Hospital Management Committee governing the institution, there are many advantages (quoted in my last annual report) in this work being undertaken by officers of the local health authority for the area in which the patient is living. Defectives on licence leave to addresses within the borough continued to be supervised by the Council's officers.

(B) GUARDIANSHIP.

No change occurred in the number of cases under guardianship orders during 1950; four adult female defectives remain with private guardians under the general supervision (on behalf of the local health authority) of the Brighton Guardianship Society.

It is regrettable that greater use cannot be made of the statutory guardianship provisions which provide a sufficient degree of legal control whilst enabling the defective to enjoy more freedom than is possible in an institution. There is, however, extreme difficulty in finding persons who are willing both to accept a defective into their home and to undertake the legal obligations which statutory guardianship involves.

(C) ASCERTAINMENT OF DEFECTIVES

The following new cases have been ascertained during 1950:—

	Male	Female
(1) Cases reported by local education authorities under the Education Act 1944		
(a) Under Section 57 (3) of the Act	5	8
(b) Under Section 57 (5) of the Act	6	3
(2) Other cases reported and ascertained to be "subject to be dealt with"	3	2
(3) Ascertained cases who are not at present "subject to be dealt with"	—	—
	—	—
	14	13
	—	—

Children who are “educationally subnormal” within the meaning of regulations made under the Education Act in respect of various categories of handicapped pupils remain the responsibility of the local education authority until

- (a) they are considered to be incapable of receiving education at school either because of disability of mind or on the ground that it is inexpedient that they should be educated in association with other children, or
- (b) it is decided that they will require supervision after leaving school (including special schools for educationally subnormal pupils).

Those included in category (a) are notified to the local health authority under Section 57(3) of the Education Act 1944. They are automatically excluded from the educational system and become the immediate responsibility of the local health authority. In cases where the degree of handicap is not so severe the child is given the advantage of the most suitable form of teaching which is available and is notified (item (b) above) under Section 57(5) of the Act if it is considered desirable that supervision should continue after leaving school. On leaving school such a child becomes the responsibility of the health authority.

The degree of correlation between the education authority and the health authority in these cases is of the highest order; there is complete freedom of access to records and information on both sides and all aspects of the work are the result of conjoint effort. Quite naturally, the educational system is the source from which the majority of new cases come to the notice of this department (22 out of 27 in 1950). Five cases were ascertained during the year from other sources, three being transfers into the borough from some other area and the other two as a result of Orders for detention in institutions made under Section 8 or 9 of the Mental Deficiency Act.

(D) SUPERVISION OF DEFECTIVES.

The following table indicates the number of defectives in the various classes at the end of 1950:

				Male	Female
1.	Mental defectives on licence leave from institutions	...		4	4
2.	Mental defectives under guardianship	...	...	—	4
3.	Mental defectives “subject to be dealt with”				
	(a) under statutory supervision	...	...	40	42
	(b) others	...	...	13	28
4.	Mental defectives not at present “subject to be dealt with” (voluntary supervision)	...	...	40	42
				—	—
				97	120
				—	—

Included in item 3(b) are 3 male and 7 female defectives resident in The Mount and with the exception of these (and the four defectives under guardianship orders in the south of England) care and supervision was carried out by officers of the local health authority.

There was some change in personnel engaged in this work in that, when the post of psychiatric social worker (Mental Health Section) became vacant in the early part of the year, the position was abandoned for establishment purposes. Routine district visiting of mental defectives was then allocated in areas to the district health visitors as from 1st April 1950, the total establishment of health visitors being increased by one post.

During the year 616 visits were made to the homes of defectives and 132 interviews made at the office, representing a general average of 3.7 per defective per annum, the comparative figure for last year being 5.0. These figures serve only as a general indication of domiciliary supervision as the extent of supervision in practice varies (as between individual defectives) between very wide limits.

(E) TRAINING.

The year 1950 was the Occupation Centre's first complete year. During the year 41 defectives were admitted and 35 remained on the register at the close of the Christmas term. Of the six who ceased attendance, one was admitted to an institution, one left the district, one girl (aged 17) was withdrawn for sound domestic reasons, one (aged 5) was withdrawn by the parents after one day's attendance, and in two cases of very irregular attendance the children's names were struck off the register.

Attendance during the calendar year totalled 11,620 half-days out of a possible 13,440. This represents a percentage of 86. When it is borne in mind (a) that there exists amongst defectives a much higher proportion of physical defects than in normal children and (b) that no powers exist to compel attendance, these results are very pleasing. It is regrettable that the health authority, whilst it has a duty "to provide suitable training or occupation for defectives" is not empowered (at least in the case of defectives of school age) to take legal action to enforce attendance in the very few cases where such a course is indicated. The following is quoted as an example of the need for such a provision in the law. A mentally defective boy aged 12 years, who had been excluded from the primary school at 7 years as ineducable within the educational system, was offered training at the Occupation Centre. In spite of the fact that the lad enjoyed attending and the centre's transport carried him to and from the centre, he completed only 35 out of a possible 278 attendances. Excuses for non-attendance were varied and ingenious but unconvincing as the household had rarely risen for the day at the time appointed for the boy's collection at a point within 20 yards of his home. This defective, although trainable, remains untrained and continues to roam the streets of the town. He does not even receive a modicum of parental

guidance but, on the contrary, follows the unwholesome pattern of his family's way of life. Surely, in such a case, the local health authority ought to have powers similar to those possessed by education authorities to bring the recalcitrant parents to a better realisation of their responsibilities.

Commencing on 13th March, transport facilities became available for the collection and delivery of children living outside a fairly small area surrounding the Centre. A large van (already in the possession of the department) was fitted with collapsible seats and the interior lighting improved by additional windows, etc. The timetable involves two separate journeys at each end of the day; this obviates any child spending more than a maximum of 30 minutes in travelling at any one time. The children are picked up at a number of pre-arranged collecting points and members of the staff assist in the escort duties.

The curriculum follows (as closely as possible) the model laid down by the National Association for Mental Health and includes habit training, sense training, speech training, handicrafts of various types, simple domestic tasks, good manners, etc. The centre closed for holiday periods which, in general, coincided with those of the primary schools within the borough—one exception being that a ballot of parents resulted in a 70 per cent. demand for the shortening of the midsummer holiday from 5 weeks to 3 weeks.

“Open” days for parents and friends, were held in July and November. Both were very well attended, and all the articles made at the centre which were offered for sale in November were sold very quickly, the proceeds amounting to £22 14s. 3d.

On two days during the summer months a picnic meal was arranged and the children taken into the country for the day. It is hoped during next year to extend the scope of these outings and, as the centre becomes more established, to consider taking a number of selected children for a week's holiday. In this connection, it is to be noted that the Minister of Health has decided that the provision of holidays and outings falls within the powers of a local health authority under Section 28 of the National Health Service Act 1946 and that no objection will be raised to reasonable expenditure on such provision in the future.

In October, an Inspector of the Board of Control (Miss C. M. Gavin) made an initial official visit to the centre. Her report on the visit, whilst congratulating all concerned on the good start which had been made, suggested minor alterations in the training programme which will be implemented.

Once more it is pleasing to place on record the excellent degree of co-operation which exists between parents and those responsible for the centre. This is exemplified in numerous ways; to quote but one example the task of clearing a rough piece of ground which is available as a playground/garden has been undertaken voluntarily by

parents. Unfortunately progress in this work has been greatly delayed by the weather but it is hoped that the early spring will see a resumption of effort in this direction. This co-operation is stimulating to the staff in their work, realising as they do the particular need for the continuance of effort at home along lines indicated at the centre during training hours.

It has been the policy of this department, because of the limited capacity of the present centre, to give priority to the training of children of school age who are excluded from attendance at other schools because of their disability. There remains the obligation to provide training and occupation for adolescent and adult defectives and it is hoped, in the not too distant future, to provide an industrial centre for this purpose. Such a centre would be available to accept transfers from the present centre and to make the necessary provision for older defectives who are, as yet, unprovided for in the way of training and occupation. If the policy of restricting the use of the present centre to juveniles is not followed, the building will quickly be filled with a semi-permanent population which must necessarily preclude the admission of newly-ascertained defective children.

LUNACY AND MENTAL TREATMENT ACTS.

THE WORK OF THE DULY AUTHORISED OFFICERS.

The local health authority's primary function under the Lunacy and Mental Treatment Acts is to provide officers authorised to undertake the initial care (and removal to hospital) of persons who are considered to be of unsound mind. Facilities are available at the Moorgate General Hospital for the observation of such patients before any specific action under the Acts is put in motion. That a mental observation ward for each sex is within easy reach proves to be of material advantage to the efficiency of the mental health service for the following reasons:—

- (1) Final decisions as to a patient's mental state can be made without undue haste.
- (2) When the patient is already under custodial care in hospital, factors such as the protection of the public or of the patient against himself do not unduly influence the ultimate decision as to the best means of dealing with that particular case.
- (3) In many cases, only a short period of treatment is necessary and frequently the mere shock of admission to hospital acts as a stabilising influence on the patient.
- (4) One of the most difficult problems—the decision as to whether a “border-line” case shall be (compulsorily) admitted to a mental hospital for treatment or whether he (or she) shall remain at home—is obviated when it is possible to admit the patient to hospital for a short period of more detailed observation without legal formalities.

The benefits accruing as a result of beds being available at the Moorgate General Hospital for the observation of the mentally sick may be assessed by an analysis of cases so admitted during 1950. The decision as to the need for admission rests with the duly authorised officer who is statutorily empowered to order (a) the admission and (b) the detention of the patient for observation. During 1950, 53 patients were admitted from the Borough to the Moorgate General Hospital under Orders made by the appropriate officers. At the time of admission, all these patients were, in the opinion of the authorised officers, either certifiable as of unsound mind or sufficiently mentally unstable as to require compulsory detention for further observation for their own welfare or in the interests of public safety. The ultimate disposal of these cases, all of whom were admitted under Section 20 of the Lunacy Act, 1890, was as follows:—

	Patients	Percentage of total admissions
1. Transferred to Middlewood Hospital		
(a) as certified patients	10	18.8
(b) as temporary patients	6	11.4
(c) as voluntary patients	1	1.9
2. Discharged from Moorgate General Hospital	36	67.9
	—	—
	Total 53	100.0
	—	—

From the figures quoted above, it will be observed that only in approximately one case out of three originally admitted for observation was transfer to a mental hospital for specialised treatment necessary. This materially reduces the strain on accommodation at the mental hospitals and obviates in many cases the stigma which unfortunately still attends legal certification under the Lunacy Acts. The average duration of the period of observation in the Moorgate General Hospital of patients admitted from the borough was 14.2 days, the original “three day order” in many cases being extended by the Medical Superintendent under powers contained in Section 21A of the Lunacy Act 1890.

There is, however, one main disadvantage in this procedure, which involves Rotherham’s mental health staff in additional duties. Firstly, as a result of the present state of the law, Rotherham’s officers are frequently called upon to complete legal requirements in the case of patients not normally resident within the borough. Prior to the National Health Service Act, 1946, the Moorgate General Hospital served the areas of Rotherham County Borough and a limited area of the West Riding County Council. With the regionalisation of hospitals, patients are now admitted from a much wider area. In the specific case of the mentally sick, Rotherham’s officers are responsible for arranging the transfer to mental hospitals of all patients admitted for mental observation with the exception of those originally admitted to the Moorgate General Hospital from outside the borough who are dealt with within the validity of the duly authorised officers’ “three day order.” During 1950, largely because of overcrowding at mental

hospitals and the inadequacy of accommodation in other hospitals for mental observation, patients were admitted to the Moorgate General Hospital for mental observation from Sheffield, Doncaster, Barnsley and more distant county areas of the West Riding. In all these cases, Rotherham's officers become legally responsible after 72 hours have elapsed since admission. Furthermore, any patient who is originally admitted to the general hospital for some physical reason and who is later found to be mentally sick, or who develops a mental condition whilst in hospital, immediately becomes the concern of Rotherham's mental health staff, irrespective of their normal place of residence. The following table analyses the types of patients admitted to the Middlewood (Mental) Hospital during 1950.

	Borough cases	Cases not normally resident within the Borough	Total
1. Certified patients Section 16, Lunacy Act, 1890).	16	4	20
2. Temporary patients (Section 5, Mental Treatment Act 1930)	9	5	14
3. Voluntary patients (Section 1, Mental Treatment Act 1930)	46	—	46
	—	—	—
	71	9	80
	—	—	—

From the figures quoted above, it will be noted that in 34 cases (certified and temporary patients) duly authorised officers were required to make arrangements for the admission of patients to a mental hospital. Of this number 9 (nearly 27 per cent. of the total) were not residents of the borough.

During 1950, in addition to the 53 cases in which orders for admission were made, the staff of the mental health section investigated 26 cases which were not considered to be mentally sick or where the degree of abnormality did not, in their opinion, warrant compulsory detention for observation in hospital. Of these 26 cases, 14 were over 65 years of age and the average age was more than 62 years. For comparative purposes it should be noted that the average age of the 53 who were admitted to hospital for observation was less than 43 years.

PREVENTION, CARE AND AFTER-CARE.

The duties imposed upon the local health authority by the Mental Deficiency Acts and the Lunacy and Mental Treatment Acts are to some extent circumscribed by the law. Its powers under Section 28 of the National Health Service Act in the positive field of preventive work are much wider in scope because the law is (purposely) not so rigid in its phraseology. The Council is empowered to "make arrangements" for the purpose of preventing mental illness and for the care and after-care of persons suffering from mental illness or defectiveness.

In this work the staff of the Mental Health Section correlate and co-ordinate the efforts made locally to this end by a host of organisations and individuals. To attempt to itemise the variety of contacts made and the wide scope of investigation and action which are necessary for the welfare of the patient (or potential patient) is impossible in a report of this nature. Mention must, however, be made of certain facets of the work which have arisen during the year under review.

(a) OUT-PATIENT CLINICS.

The liaison which has been established between this department and the Regional Hospital Board in the matter of out-patient clinics continues as outlined in last year's report. A member of the mental health staff attends the clinic which is held (as an out-patient clinic of the Middlewood Hospital) at the Moorgate General Hospital each week, and there is a free interchange of information between the psychiatrist (from a medical aspect) and the mental health officer (from a sociological and environmental point of view), thus completing the link between hospital, out-patient clinic, and home. Such a scheme also enables patients to get to know the members of the mental health section and to learn to look upon them as friends rather than as officials.

(b) AFTER-CARE OF PATIENTS DISCHARGED FROM MENTAL HOSPITALS.

It is felt that there could be some improvement in the after-care facilities afforded in certain cases discharged from mental hospitals. In some instances, the "follow-up" of patients discharged from mental hospitals by persons other than the private doctor is contra-indicated and the decision as to the desirability of after-care effort by the mental health worker must obviously be left in the hands of the medical staffs of the hospital from which the patient is discharged. Unless there is a specific request from the hospital, no after-care work is undertaken on discharge by officers of the mental health section. In order that the local (lay) officers who are responsible both for initial care and after-care may have as complete a knowledge of patients as is possible, it is desirable that they should receive at least some precis information following discharge concerning the diagnosis, treatment, results of treatment and prognosis rather than the bare notice which is at present received stating that Mr. So-and-So was discharged on such-and-such a date, his condition being "recovered," "relieved" or "not improved." Approaches have been made to this end but no change in procedure has (as yet) been made.

(c) AFTER-CARE OF EX-SERVICE PERSONNEL.

A large proportion of soldiers discharged from the Army on psychiatric grounds are in need, not so much of medical after-care, as of the kind of social after-care that is provided by local health authorities. This work is being undertaken by local health authorities for an experimental period of a year commencing in August 1950 under an arrangement concluded between the Army authorities and the Minister of Health.

(d) VOLUNTARY TREATMENT OF MENTAL ILLNESS.

A great advance in the treatment of mental disorders was brought about by the Mental Treatment Act 1930, one of its innovations being the introduction of the scheme of admission to mental hospitals voluntarily. This method enables the early case of mental illness to seek expert treatment whilst the disease is in its early stages. The chances of cure are much larger, the possibilities of the illness becoming chronic are reduced, and the patient can have treatment without "certification" as of unsound mind.

The advantages of this very desirable approach to mental treatment is largely nullified by the lack of accommodation. No longer is it possible for a private doctor to recommend his patient directly to the mental hospital for immediate admission and treatment. The willingness of a patient to accept this form of admission and the need for treatment are not now sufficient. The patient must pass through a psychiatric out-patient clinic which, because of the shortage of beds, can authorise the admission to a mental hospital of only a fraction of those cases who would benefit by the voluntary form of treatment.

(e) DISCHARGE FROM MENTAL HOSPITALS.

Presumably with the intention of conforming to a more democratic outlook in such matters, Sections 72 and 73 of the Lunacy Act 1890 (relating to the discharge of patients from mental hospitals) were amended by the National Health Service Act 1946. The "appropriate relative" now has an absolute right to demand the discharge of a patient unless a certificate is issued that he (or she) is "dangerous and unfit to be at large." The full effect of this amended procedure has been brought home in a few isolated cases discharged to Rotherham during the year from Middlewood Hospital. The disadvantages of this provision are that treatment is abandoned and a curable illness may become incurable. Often the mentally sick are returned to circumstances which aggravate, and may have been a direct cause of, the original breakdown.

The relatives of patients in mental hospitals often find themselves in a most unenviable position as a result of this legal change. Too often they are called upon to decide a definite course of action whilst influenced on the one hand by an earnest desire for the patient's recovery or improvement and faced with a plea (from the patient) to be taken home when medical advice is against discharge. Mentally sick people often put a very wrong construction upon the reluctance of a relative to apply for discharge, and most relatives would wish that this onerous decision were taken out of their hands.

(f) VOLUNTARY ASSOCIATIONS.

The Council resolved, with the approval of the Minister, to make an annual contribution of £25 towards the funds of the National Association for Mental Health, whose excellent (and often pioneer) work in the many aspects of mental health is already widely known and appreciated.

(g) TRAINING AND PUBLICITY.

No opportunity is lost to "sell" the idea of mental health and to break down the attitude of stigma which still attaches to mental abnormality in the public mind. Short talks, followed by discussion, have been given to a number of associations by the Mental Health Officer on the work and objects of the Mental Health Service.

Short courses of lectures on the legal aspects of mental deficiency, lunacy and mental treatment were given to the health visiting staffs in the early part of the year by the same officer.

HOSPITAL ACCOMMODATION.

The provision of hospital accommodation remains the responsibility of the Ministry of Health through its Regional Hospital Boards, but the local health authority's duties in the field of mental health are inevitably and inextricably linked with such provision. In my last annual report, comment was made that the shortage of hospital beds for all types of mentally sick or defective patients was impeding the efficiency of local mental health services. The position this year has gradually worsened and a feeling of frustration exists because of this ever-present difficulty with its attendant necessity to search for some alternative course of action. Instances have arisen, and will continue to arise for some considerable time to come, where it has been impossible to carry out specific statutory duties. It should be borne in mind that the Minister of Health has power to withhold the 50 per cent. grant which accrues to the local health authority in respect of its expenditure on statutory mental health functions on the grounds of failure to carry out those functions to the satisfaction of the Minister. Such a course would not, however, seem likely as by far the weakest link in the service is the lack of hospital accommodation—for which the Minister is now responsible. Some aspects of this problem are reported below.

(1) THE MENTALLY DEFECTIVE.

Whilst the admission of mental defectives to an institution is always regarded as a last resort, the local health authority has a duty, imposed by the Mental Deficiency Act, if supervision at home fails or is insufficient, "to take steps for securing that they should be dealt with by being sent to institutions" To secure an institutional vacancy is virtually impossible and the officers responsible have the unenviable task of trying to make effective what is often an inherently unsatisfactory domiciliary supervision. The local health authority is frequently unable to carry out its statutory duty of arranging admission to institutions in necessitous cases because of the lack of accommodation.

Within the borough boundary a new colony for low-grade defectives was opened during the early part of 1950 in premises which were formerly in use as a private "licensed house" for the purposes of the Lunacy and Mental Treatment Acts. Although the building has accommodation for 58 patients, Rotherham's allotment was one bed, which was promptly filled by the admission of a spastic idiot girl of 11 years who had been on the waiting list for more than four years. By the end of 1950, 36 defectives were in residence, the other beds remaining unoccupied because money was not available for their upkeep.

There were on the waiting list for institutional accommodation, the names of 9 defectives at the end of 1950—7 males and 2 females. Of this number only two (both males) could be classed as in urgent need of removal. The number of cases in need of institutional care and training has, of course, been considerably reduced by the provision of training facilities at the Occupation Centre, and only those requiring nursing or custodial care (because of bad home conditions) are now scheduled as requiring institutional accommodation.

(2) THE MENTALLY SICK.

Whilst Rotherham's officers can, in theory, admit patients to any mental hospital, a very limited allocation is made for the use of patients from this area at the Middlewood Hospital, Sheffield. The total allocation during 1950 was 78 male and 73 female beds (roughly $1\frac{1}{2}$ for each sex each week) and when it is borne in mind that this allocation has to serve the areas of the county boroughs of Rotherham and Doncaster in addition to certain county areas of the West Riding, some indication is given of the gravity of the situation. Too frequently it has been necessary, during 1950, to detain certified patients in the mental observation ward at Moorgate General Hospital until a bed became available at the mental hospital.

Overcrowding at the Middlewood Hospital has been maximal throughout the year. In large measure this is due to the ever-increasing number of senile dementias, non-psychotic defectives, senile infirm, and patients who, although recovered from their psychosis, cannot be discharged because they have no home. Before the implementation of the National Health Service Act, 1946, when a patient was discharged from a mental hospital (except on the application of a relative or friend) there was a duty imposed on the poor law authority to remove that patient and admit him to the poor law institution. Such a duty no longer exists and in the absence of a proper home the patient must perforce remain in the mental hospital. This type of patient is naturally increasing in number week by week and fewer beds become available for the admission of acute mental patients. The only alternative for this class of patient now seems to be the provision of Part III accommodation under the National Assistance Act. In an effort to discharge some such cases, the Medical Superintendent in December requested priority of admission to The Mount so that beds could be released for the active treatment of acute mental patients.

A large number of patients in mental hospitals suffer from senile conditions which are usually organic in origin. No active treatment is possible and no improvement in their mental condition can be expected. Skilled psychiatric supervision is unnecessary and the patients' need is for simple care and attention. A useful proportion of accommodation in mental hospitals could be liberated for the admission of acute cases (who would benefit by the expert treatment available at modern mental hospitals) if the chronic senile patients could be transferred to some form of accommodation where the necessary nursing care could be provided and where there existed the power to detain patients compulsorily if that should prove necessary. Such accommodation, which can be visualised as a "halfway" house between the specialist (mental) hospital and senile infirm wards in general hospitals, could be made available more easily and at much less cost than additional beds in mental hospitals.

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